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Criminal Justice Liaison and Diversion Service Mapping Project

London Offender Health Partnership Board

April 2010

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Acknowledgments

GVA Grimley, the Chair of the London Offender Health Partnership Board (LOHPB) and the Project Manager for the Criminal Justice Liaison and Diversion (CJLD) Service Mapping Project would like to acknowledge a number of organisations and individuals for their assistance and support in the production of this research and final report.

Firstly, we offer grateful acknowledgement to all members of the LOHPB for their consistent support and dedicated input into the design, delivery and reporting of the CJLD Service Mapping Project. Thanks are also due to the following Court Managers for their assistance in arranging and supporting the delivery of the focus groups with court stakeholders:

- Stuart Hill (Snaresbrook Crown Court); Sean O'Brien (Kingston Crown Court); Michelle Filby (Woolwich Crown Court); Helen Mascurine (Harrow Crown Court) Teresa Wright (City of London Magistrates Court); Mark Smith (Thames Magistrates Court); Linda Lewis (Highbury Magistrates Court); and Manjit Birak (Croydon Magistrates Court).

We would also like to thank the following organisations for their support and contributions to the delivery of the service user group focus group: Rethink; Afiya Trust; Keyring; National Service User Network; Nacro; Together; and the Revolving Doors Agency.

Also, grateful thanks are due to Jeff Gardner of Victim Support and Alan Catlin at the Metropolitan Police Service for their contributions to the Victims and Witnesses Focus Group. Thanks are also offered to Felicity Reed, a Together Forensic Mental Health Practitioner, who supported the initial design of the service mapping questionnaire and the follow-up support to services in terms of its completion. Finally, we would like to thank Pauline Fisher of the National Treatment Agency for information provided on Drug Intervention Programmes in London.

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EXECUTIVE SUMMARY

Objectives of the Report

The London Offender Health Partnership Board (LOHPB) commissioned this study to develop a comprehensive understanding of Criminal Justice Liaison and Diversion (CJLD) services operating across London and identify gaps to enable their future development. Achieving these improvements will require intensive activity to undertake the necessary actions and deliver the recommendations of the Bradley Report and the Improving Heath, Supporting Justice Delivery Plan.

Following the completion of this study, a strategic conversation involving key stakeholder organisations is required to identify the next steps to take forward its recommendations on a pan-London basis. These discussions must include the key relevant agencies, focus on the scope of this initiative and determine where recommended proposals should be located within strategic structures. In addition, while highlighting the potential efficiency gains associated with implementing the recommendations made, it was not within the scope of this report to deliver cost-benefit and operational analysis. Therefore additional work is required to provide quantitative evidence of the financial and efficiency gains.

This project is one of a number of workstreams currently being delivered to inform the development of future commissioning guidance for London. The report provides a baseline of current provision, identifies gaps, and highlights aspirations for the future development of CJLD services in London.

Research Approach

The study was informed by a number of intelligence gathering activities, specifically:

- Literature Review – a comprehensive analysis of existing research, strategy and policy related to mental health, learning disability and offending was undertaken.
- Online Survey of CJLD Services and Court Stakeholders – this formed the basis for a full mapping exercise of London's existing CJLD service provision and a survey of stakeholders working in courts across the London Region.
- Focus Groups – a total of twelve focus groups, attended by over 120 participants, were facilitated in Crown and Magistrates Courts.

Areas for Consideration

The findings from this study have been divided into a number of key areas for consideration by LOHPB and its regional partners.

Earlier Identification and Intervention

This study has identified the need and value of introducing screening and diversion of offenders with mental health problems and/or learning disabilities at the earliest possible stage of the offender pathway. This offers potential for efficiency gains and further cost-benefit analysis is required to provide evidence for this, but it could be delivered by:

- Increasing the role of the partnerships with the Police in early screening and intervention to facilitate closer links with Community and Public Health services.
- Finalising and expanding the development of a Screening and Assessment Tool in Police custody. This would need to be developed to include learning disabilities.
- Maximising the role of the 200 nurses to be recruited by the MPS through *Project Herald* to work in custody suites across London. This must consider the extent to which these nurses will have the knowledge, capacity and training to consider the wider Health Offender Agenda, including mental health and learning disabilities.
- Increasing the numbers of CJLD services serving individual police stations, or clusters of police stations, according to demonstrable demand.
- Ensuring consistency with other screening tools being delivered at later stages in the offender pathway as CJLD schemes must be integrated with the range of additional offender needs, for example substance misuse covered by DIPs (Appendix C).

Local / Sub-regional Single Point of Contact

The research has identified the need for a local or sub-regional single point of contact for existing CJLD schemes and stakeholder organisations involved in supporting offenders with mental health problems and/or learning disabilities. This could be delivered by:

- Using individuals, or clusters of CJLD services, to provide wraparound service provision in relation to mental health, learning disability and the Criminal Justice System.
- Introducing a localised case management approach to CJLD services to facilitate improved information sharing at a local level by managing an individual through screening, assessment, court appearance and post-disposal.

Service User Involvement

The study identified the need to understand, and respond to, the first-hand experience of service users within the Criminal Justice System. Consultations highlighted the need for enhanced explanation of the criminal justice process and improved communication of information; the need for available emotional support at police stations and court; and the potential for service users to be involved in training and awareness raising for practitioners.

Victims and witnesses

The study has indicated that the needs of victims and witnesses are currently too frequently overlooked and that it is the responsibility of the CPS and Witness Support Service to ensure that they are met. Research highlighted the value in increasing linkages between CJLD schemes and these agencies so that CJLD can act as a forum or a signposting mechanism to meet their needs.

Phased Approach to Change

The research indicated that a phased approach to change and service composition is necessary to ensure a seamless transition between strategic and operational systems. This would also allow for the necessary culture change amongst frontline practitioners which may be required to drive success.

Learning Disability Services

The consultation programme has indicated that learning disability services are less well-developed than those supporting offenders with mental health problems. The development of enhanced services must be a core future consideration to meet the needs of this disadvantaged group and should be fully integrated within CJLD provision.

CJLD Services

The research has identified clear demand for CJLD provision; however, current services have limited staffing resources and variable budgets. In addition, success too often depends on individuals' commitment and personal contacts rather than a co-ordinated and structured delivery framework. Commissioning CJLD services is the optimal public policy tool to expand support to offenders with mental health problems and/or learning disabilities and can also play a significant role in addressing other factors that affect an individual's offending behaviour through the provision of an integrated service meeting a variety of needs. This could include the development of a service specification considering: location; standardised service

provision; long-term funding; staffing and resources to meet local demand; and consistent management and governance arrangements.

Psychiatric Reports

The study has clearly indicated that psychiatric reports should be fit for purpose and produced in a timely and consistent fashion. A number of issues have been identified which should inform the development of any future Service Level Agreement regarding the commissioning of psychiatric reports, including the need for a clear framework or template to improve their quality and ensure a standard structure, length and cost.

Information Sharing

The research has identified a lack of horizontal information sharing across the offender pathway. This presents clear blockages to the efficient delivery of the justice system for this target group and has a range of implications for both the offender and the system. If addressed, this can reduce duplication, costs and inefficiency in the system significantly. This issue should be addressed through a localised central point of contact to facilitate the more effective sharing of information between agencies.

Awareness Raising

The research has highlighted a lack of knowledge and awareness across the Criminal Justice System of mental health and learning disability, the interventions and services that are available to address it, and its impact on offending behaviours. A need has been identified for multi-agency awareness raising provision, which will in tandem generate improved partnership working. For example, the Police and Probation Services should develop stronger links with community and voluntary sector service providers to enable signposting to occur.

Training Provision

The difference between training and awareness raising for criminal justice practitioners in relation to mental health and learning disabilities has been highlighted. Generic awareness raising is required for all stakeholders; however, training requirements vary considerably and need to be tailored to the specific technical demands of an individual's role and responsibility within the system. The methods used to deliver appropriate training will require careful consideration.

Increased use of the Third Sector

The LOHPB should consider using the policy levers within Strategic Commissioning to raise the standard of provider provision and encourage partnership delivery between the statutory and Third Sector, particularly BME Third Sector groups.

1. INTRODUCTION

Purpose of this Report

1.1 The London Offender Health Partnership Board (LOHPB) commissioned this study in order to develop a comprehensive understanding of Criminal Justice Liaison and Diversion (CJLD) services operating across London and identify gaps to enable their future development. These services were first recommended in 1992 as a mechanism for supporting offenders with mental health problems and/or learning disabilities (see definitions below). However, almost two decades later, the provision of these services is patchy and where they do exist, service quality is highly variable.

1.2 It has been widely demonstrated that a disproportionate number of offenders suffer from mental health problems or learning disabilities and that custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide. However, the linkages between the Criminal Justice System and health services are complex and mental health services for offenders are not equivalent to mental health services in the community. A series of high profile reports on the subject matter have been published and there is a clear strategic policy imperative to address this gap and make progress in developing services for this target group. In addition, the wider *whole system* benefits of successfully delivered CJLD schemes must be acknowledged in terms of their potential to contribute to reduced health inequalities, improved crime and community safety and enhanced social cohesion.

1.3 The Bradley Report[1], published in 2009, provides 82 recommendations for agencies working with mentally disordered offenders grouped under four key themes: early intervention; arrest and prosecution; the court process; and prison, community sentences and resettlement. The review and subsequent strategy: Improving Health, Supporting Justice[2] is a key driver for this study in terms of developing an appropriate and targeted response to Bradley's recommendations in London through CJLD provision. However, it must be acknowledged that the financial challenges in developing services highlighted by Bradley are significant, and this will require innovative new approaches to maximise the use of existing rather than additional resources. This will require increased partnership working across the health, social care and criminal justice sectors and effective use of the Third Sector to address any gaps in provision.

[1] Rt Hon Lord Bradley, The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the Criminal Justice System, (London, 2009).
[2] Department of Health, Improving Health, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board, (London, 2009)

Aims and Objectives

1.4 The LOHPB is the pan-London Department of Health (DH) team tasked with implementing The National Delivery Plan of the Health and Criminal Justice Board. The Programme is the first comprehensive cross-government approach to addressing health inequalities in this vulnerable population, covering the whole criminal justice pathway: police; courts; Probation and Prison Services; and the community.

1.5 This CJLD review is one of a number of workstreams[3] currently being delivered through the LOHPB to inform the development of future commissioning guidance for London with regard to services to the offender population. Its aim is to therefore provide a baseline of current provision, identify gaps, and highlight aspirations for the future development of CJLD services in London. This will stimulate discussion and debate and form the basis for a further round of consultation on the commissioning guidance for the future delivery of services to the offender population in London. The objectives of this study are therefore as follows:

- To map and improve understanding of the number and range of CJLD schemes/services for the mental health client group that currently exist across the region;
- To gain a better understanding of the links these services have to other local provider services, particularly Learning Disability and Substance Misuse services, and to criminal justice agencies, for example Courts, Probation Service, Crown Prosecution Service (CPS) and the Police;
- To improve understanding of the issues and needs of criminal justice agency partners (Courts, Probation Service, Police and CPS) in relation to the development of these services post Bradley;
- To inform the development of a regional commissioning approach for CJLD services;
- To link outputs of this project to the national work of the Criminal Justice Mental Health Liaison sub-group under the Bradley Programme Board;
- To inform the development of a London CJLD provider forum and
- To produce a final report to the London Offender Health Partnership Board.

1.6 Following the completion of this study, a strategic conversation involving key stakeholder organisations is required to identify the next steps to take forward its recommendations on a pan-London basis. This needs to include the key relevant agencies and focus on the scope of

[3] Other workstreams include work on alcohol, the findings of the Police Healthcare Review, Mental Health Transfer, and the review of healthcare for Approved Premises.

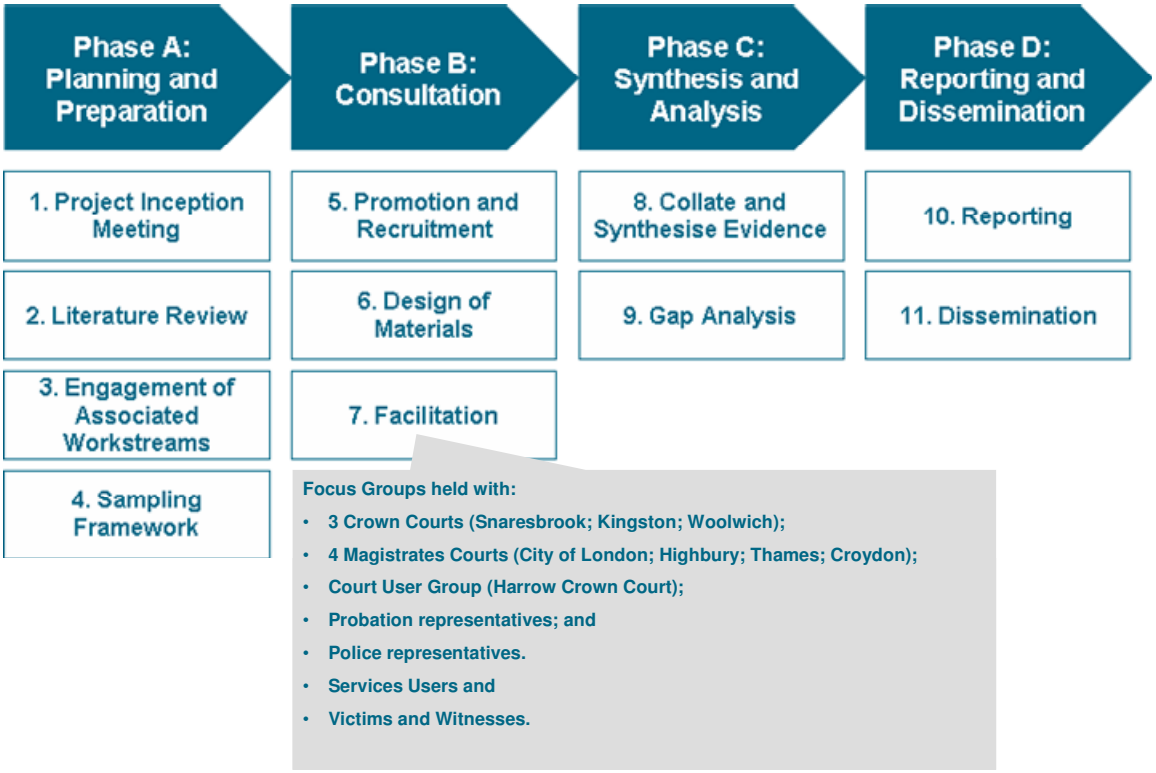
this initiative and where recommended proposals should be located within strategic structures. In addition, while highlighting the potential efficiency gains associated with implementing the recommendations made, it was not within the scope of this report to deliver cost-benefit and operational analysis. Therefore additional work is required to provide quantitative evidence of the financial and efficiency gains.

Research Approach

1.7 The research approach is illustrated in Figure 1.1, below. This has included a number of core intelligence gathering activities, which are summarised as follows:

- **Literature Review** – a comprehensive analysis of existing research, strategy and policy related to mental health, learning disability and offending was undertaken. This provides the LOHPB with an overview of best practice in this area and ensures that the findings of the study are used in a way that demonstrates synergy with other activity.
- **Online Survey of CJLD Services** – this was facilitated by the LOHPB and formed the basis for a full mapping exercise of existing CJLD service provision in the London Region. Of 30 services, 25 responded to the survey and provided detailed information on their funding, facilities, staffing and training, governance, service provision and monitoring. The full survey report can be found at **Appendix A.**
- **Online Survey of Court Stakeholders –** this survey was distributed by the LOHPB to stakeholders working in courts across the London Region. A response rate of 259 was achieved and explored interaction with, and awareness of, individuals with mental health problems and learning disabilities, how services can be improved in courts, the provision of psychiatric reports, signposting, training and information sharing. The full survey report can be found at **Appendix B.**
- **Focus Groups –** a total of twelve focus groups, attended by over 120 participants, were facilitated in Crown and Magistrates Courts. The participating courts were randomly selected in conjunction with LOHPB members. Attendees included representatives from court stakeholder groups including: judges, magistrates, court clerks, the CPS, prisoner transport, court managers, CJLD providers and prison in-reach teams. In addition, specific focus groups were held with victims and witnesses, service users with mental health problems and learning disabilities and Police and Probation Service representatives. These explored similar issues to the survey and provided detailed qualitative insights into its findings.

Figure 1.1: Research Approach



1.8 The completion of the research activity resulted in the collation of the evidence obtained and the triangulation of the quantitative and qualitative findings from the range of intelligence gathering activities delivered. A gap analysis was then used to identify the key findings on a thematic basis, the gaps in current activity and needs of criminal justice partners, and the development of a number of core areas for future consideration by the LOHPB and its partners.

Definitions

1.9 Throughout this report when we refer to 'offenders' we are including a wider range of people than just those found guilty of an offence. Specifically, we have adopted the Nacro definition of offenders with mental health problems:

> *…Those who come into contact with the Criminal Justice System because they have committed, or are suspected of committing, a criminal offence, and who may be acutely or chronically mentally ill… It also includes those in whom a degree of mental disturbance is recognised, even though it may not be severe enough to bring it within the criteria laid down by the Mental Health Act 2007.*

1.10 However, we also recognise that a number of offenders requiring support from CJLD services also have learning difficulties. When referring to those individuals, we have used the Government's Valuing People White Paper[4] definition, which defines learning disability as:

- *a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with:*

  - a reduced ability to cope independently (impaired social functioning);and

  - which started before adulthood, with a lasting effect on development.

1.11 We have adopted the Bradley Report definition of diversion, specifically:

…'Diversion' is a process whereby people are assessed and their needs identified as early as possible in the offender pathway (including prevention and early intervention), thus informing subsequent decisions about where an individual is best placed to receive treatment, taking into account public safety, safety of the individual and punishment of an offence.

[4] Department of Health, Valuing People: A new strategy for learning disability for the 21st century, (London, 2001)

2. SETTING THE SCENE

The Offender Health Agenda

Historical Context

2.1 The relationship between health and the Criminal Justice System is complex. Shaped by an extensive and complex strategic policy and legislative framework, which is subject to frequent change, service provision can be inconsistent, of varying quality, and difficult to navigate for practitioners and service users.

2.2 There is strong evidence[5] to indicate that significant health inequalities exist between offenders, both within custody and managed through community programmes, and the non-offending population. The prison population is now comprised of more people with mental health problems than ever before. Linked to this is a growing consensus that prison may not be the most appropriate custodial environment for those with mental health needs. If those needs could be addressed at the earliest opportunity then more diversionary programmes could be considered.

2.3 The Social Exclusion Unit's report, *Reducing Reoffending by Ex-Prisoners* in 2002 firmly established mental and physical health as one of the nine factors that contributed to offending and informed the development of new Public Service Agreements (PSAs) for 2008-2011. Consequently, responsibility for raising the standard of healthcare delivered to offenders across the Criminal Justice System has now been devolved to Offender Health, a team which spans both the Department of Health (DH) and the Ministry Of Justice (MoJ) and other key departments.

2.4 The context in which health services are being delivered to those within the Criminal Justice System (CJS) is therefore changing. Negotiation of cross departmental PSAs, the recently completed transfer of responsibilities for prison healthcare to the NHS, the creation of the MoJ, the National Offender Management Service (NOMS) and the publication of high-profile reports including the Corston Report, the Bradley Report, the National Delivery Plan of the Health and Criminal Justice Programme Board and the National Service Framework for

[5] Condon, L, Hek, G and Harris F, Choosing Health in Prisons: Views on Making Choice in English Prisons, Health Education Journal, Vol 67, No 3, 155-166 (2008).

Children, Young People and Maternity Services[6] have created an environment in which progress is expected.

Mental Health

2.5 In April 2009, Lord Bradley published the findings of his review of people with mental health problems or learning disabilities in the Criminal Justice System.[7] The report provides a total of 82 recommendations for agencies working with offenders with mental health and learning disabilities, grouped under four overarching themes; early intervention, arrest and prosecution; the court process; prison, community sentences and resettlement; and delivering change through partnership.

2.6 The report highlighted a number of critical issues including; the police stage as one of the least developed in the offender pathway in terms of engagement with health and social services; the need to explore placing responsibility for better identification and assessment at the start of the offender pathway; the reliance of the Crown Prosecution Service (CPS) on police information when making decisions on charging or diversion; special measures for vulnerable victims and witnesses at court are not currently extended to vulnerable defendants; reliance on probation staff in courts to identify mental health problems and learning disabilities; a lack of information on defendants and poor transfer of information between different stages of the offender pathway; and infrequent use of the Mental Health Treatment Requirement within community sentences.

2.7 In their response to the Bradley Report, the government accepted almost all of the recommendations either in full or in principle. A summary of the most relevant within the context of this study is as follows:

- Local Safer Neighbourhood Teams should play a key role in identifying and supporting people in the community with mental health problems or learning disabilities;
- All police custody suites should have access to liaison and diversion services which in turn provide information and advice services to all relevant staff;
- The NHS and police should explore the feasibility of transferring commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS. The Police Healthcare sub-programme Board of the Department of Health are overseeing this piece of work which is currently being considered by Ministers. If agreement is reached

[6] Department of Health, National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People, (London, 2004)

then a schedule of work would have to be planned to consider how these services would be commissioned.

- Courts, health services, the Probation Service and the CPS should work together to agree a local Service Level Agreement for the provision of psychiatric reports and advice to the courts;
- Clearer guidance on the use of mental health treatment requirements and the development of Service Level Agreements to ensure the necessary requirements are available; and
- Appropriate training for staff at all stages of the CJS.

2.8 The Health and Criminal Justice Board is now taking this work forward as a joint initiative between the DH, Department for Children Schools and Families (DCSF), MoJ, Youth Justice Board (YJB) and the Home Office. The most recent publication from this group *Improving Health, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board* was published in November 2009. The plan states that:

"To better ensure that the right treatment is given at the right time we must identify a person's health and social care needs as early as possible – and ideally before they offend. Prevention and early intervention (coupled with system reform to deliver better information sharing and close working between criminal justice agencies and the NHS – through embedding offender health in World Class Commissioning, for example) must inform our focus as we move forwards."[8]

2.9 The plan acknowledges the financial challenges associated with improving services. There will be little scope, if any, for new resources in the foreseeable future. This creates a need to maximise opportunities for improvement through system reform, better working practices and building on the capacity of the front line to innovate. The aim throughout the plan is to improve and re-focus existing services rather than create new structures.

2.10 Many of the deliverables in the plan require a robust analysis of the potential costs and impacts on existing services and the scope for efficiency savings. It is only once this work has been completed that firm commitments will be made on the implementation of deliverables that have costs to local services. Due to a growing body of evidence to support the economic and health benefits of CJLD services, their further development is a key deliverable.

[7] The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the Criminal Justice System, Department of Health, April 2009.
[8] Improving Health, Supporting Justice The National Delivery plan of the Health and Criminal Justice Programme Board, HM Government, November 2009

2.11 Three key elements have been identified to support effective partnership working and support the delivery of the plan:

- **Commissioning** – the approach set out in World Class Commissioning reinforces the need for a systematic approach to ensure that that offender health needs are considered within joint strategic needs assessment to support and inform service development or transformation;
- **Developing the workforce** - focus to provide training and development for all front-line criminal justice staff across the pathway and also for health staff working within these areas; and
- **Developing providers** – working in partnership with the private and third sector to highlight innovation, share learning and raise the profile of services provided amongst commissioners.

2.12 The commitment to greater integration of offender health considerations within mainstream services has also been evidenced within the new national mental health strategy, *New Horizons: A Shared Vision for Mental Health,* published in December 2009. The strategy sets out a cross-governmental programme of action to improve the mental health and wellbeing of the population and the quality and accessibility of services for people with poor mental health. Specifically, it identified those within the Criminal Justice System as a marginalised group and called for a greater level of involvement and empowerment for service users.

2.13 Within *New Horizons there* is recognition that effective CJLD service provision provides an opportunity to identify those in need of mental health support who may not otherwise be, or become known to community mental health teams. It is also considered that to some extent the role of CJLD services can help to address concerns regarding access to treatment, the need for culturally sensitive provision and an increased analysis of the impact of gender.

Learning Disabilities

2.14 The Bradley Report highlighted that although many similar issues affect those with mental health problems and those with learning disabilities, there are distinct differences which must be understood and reflected in the approaches developed to better meet the needs of these individuals.

2.15 *Valuing People Now: a new three year strategy for people with learning disabilities (DH, 2009)* is the first government strategy to discuss offenders with learning disabilities as an independent group. Previous strategies have used 'Mentally Disordered Offenders' as an all

encompassing term and consequently, those with learning disabilities have traditionally been some of the most excluded from policy and service developments. *Valuing People Now* recognises this trend and subsequently emphasises that in service transformation, providers, commissioners and policy makers must focus on those most at risk from exclusion and adapt their approach accordingly.

2.16 Guidance released by DH in 2007[9], highlighted services that support people who offend or are at risk offending as a crucial component of commissioning. However, in 2009 Her Majesty's Inspectorate of Prisons (HMIP)[10] found that disability in general is under recorded in prisons and that no prisons had an identified method for screening for learning disabilities.

2.17 The *Bradley Report* recommended that all CJLD schemes have access to learning disabilities expertise in addition to a broader programme of training and awareness for all criminal justice staff. It is encouraging that the *Valuing People Now* delivery plan sets a target to improve coverage by learning disability nurses in criminal justice setting by 2010.

2.18 Both the *Bradley Report* and *Valuing People Now* identify issues and actions that emerged from *No One Knows,* a UK-wide programme run by the Prison Reform Trust[11] that aims to effect change by exploring and publicising the experience of offenders with learning disabilities and difficulties who come into contact with the Criminal Justice System.[12]

2.19 *Prisoners Voices* is the final report from the No One Knows programme, the conclusions and recommendations of which are grouped into five overarching themes:

- **Disability discrimination and possible human rights abuses**, including evidence and concerns over: maltreatment by police and prison officers; the lack of an appropriate adult for vulnerable suspects during interview; and defendants being unaware of what is happening to them during their trial and an inability to understand decisions of the court.
- **Knowing who has learning disabilities or difficulties**, including an increased emphasis on screening within police stations using appropriate tools, securing the services of an appropriate adult and recording all of this information in a way that is accessible at each stage of the offender pathway.
- **Implications for the Criminal Justice System** in terms of the need to ensure defendants understand the process, have a statutory right to support measures such as

[9] Commissioning Specialist Adult Learning Disability Health Services Good Practice Guidance, Department of Health, 2007
[10] Disability Thematic Review, Her Majesties Inspectorate of Prisons, 2009
[11] http://www.prisonreformtrust.org.uk/

those put in place for vulnerable witnesses and victims, an appropriate assessment of needs within prison and the potential impact learning disabilities or difficulties may have on their experience.

- **A needs led approach: collaborative multi-agency working** recognising that criminal justice agencies do not have the requisite expertise to adequately identify, work with and support people with learning difficulties; the need for person-centred packages of intervention and support; and a lack of consistent approaches to diversion in accordance with the Home Office circular 66/90 due to inconsistent CJLD provision
- **Workforce development** building upon *Positive Practice, Positive Outcomes*[13] to develop a comprehensive programme of awareness and training on learning disabilities and learning difficulties for criminal justice staff.

2.20 In addition to these overarching themes, *Prisoners' Voices* also sets out diversion from the Criminal Justice System as a further issue for discussion. The report cites research by Jacobson (2008) which found that decision making on diversion options for police suspects with learning disabilities was inconsistent, potentially due to a lack of clarity in current policy and guidance on the application of the concept of criminal responsibility to these individuals. Bradley reinforces this issue by highlighting the broad spectrum of learning disabilities and learning difficulties and the lack of consensus in defining the boundaries between learning disability, borderline learning disability and learning difficulty. The lack of agreement on the most effective methods of identification and assessment was considered to contribute to this.

Victims and Witnesses

2.21 When discussing the impact of mental health and learning disabilities in the context of the Criminal Justice System it is important to not only consider the needs of offenders but also the needs of victims and witnesses. In January 2009, the appointment of Sarah Payne as the Victims' Champion highlighted an emerging agenda to put the needs of victims and witnesses at the centre of the justice system.

2.22 Though the perspectives are different, the processes relating to identification, assessment and provision of appropriate support for victims, witnesses and defendants have a number of

[12] Prisoners Voices: Experiences of the Criminal Justice System by prisoners with learning disabilities and difficulties, Talbot, J, Prison Reform Trust 2008.
[13] Positive Practice, Positive Outcomes: A handbook for professionals in the Criminal Justice System working with offenders with learning disabilities, Care Services Improvement Partnership, February 2007.

synergies. In July 2009, the CPS published a range of literature targeted at victims and witnesses with mental health problems and learning disabilities.[14]

2.23 This literature is intended to act as a statement of public policy and provide greater clarity on the Criminal Justice System for these individuals. However, what becomes evident through reading the information is that, as with defendants, where mental health or learning disabilities are not self-identified the responsibility for identification, and consequently needs assessment, can often fall to staff within the Criminal Justice System that lack the necessary training or expertise to do this effectively.

Criminal Justice Liaison and Diversion Services

2.24 In 1992 the Reed Review of Health and Social Services for Mentally Disordered Offenders recommended that there should be nationwide provision of properly resourced court assessment and diversion schemes to achieve the goal of diverting those offenders with mental health needs away from the CJS.

"Although a great deal of effort was initially put into diversion projects, and despite growing awareness and concern about this group of offenders, the momentum was not maintained in the absence of further strategic direction" [15]

2.25 In 2009, the Criminal Justice Joint Inspection into work with offenders prior to sentencing found strong evidence of a twin-track approach with:

"…little appetite for increasing the numbers diverted from prosecution…concerns remained however, about the engagement of the health service an subsequent availability of treatment for the many offenders who had low-level mental health issues"

2.26 Addressing the health needs of offenders in the community both pre- and post-sentencing is an area that has typically been overlooked at local level when planning and commissioning services. Joint Strategic Needs Assessment (JSNA) and strategic commissioning plans frequently overlook the needs of offenders and/or do not prioritise this group despite their acknowledged mental health problems and/or learning difficulties.

2.27 Consequently, current provision of CJLD schemes in England and Wales has been described as patchy and service quality, where services do exist, as variable. An overview of the various

[14] Supporting victims and witnesses with a learning disability, Crown Prosecution Service, July 2009; and Supporting victims and witnesses with mental health issues, Crown Prosecution Service, July 2009.
[15] A joint inspection on work prior to sentence with offenders with mental disorders, Criminal Justice Joint Inspection. December 2009.

guidance and research that is available suggests some consensus as to the structure and operation of the schemes and whilst evaluation studies are limited, a number of issues have been raised consistent. For example, needs relating to sustainability of service provision, including secure funding and sufficient resources for administration and support.

Court Diversion and the Criminal Justice System: London MHEP- ACS Area Report

2.28 In 2008, as part of the Bradley Report, the Nacro Mental Health Unit published a report[16] on CJLD schemes in London using the Mental Health Effective Practice Audit Checklist (a toolkit developed by OCJR for auditing CJLD schemes). Nineteen CJLD schemes in the Greater London Area participated in the audit, 16 of which were delivered by the statutory sector and the remainder by the third sector. The majority of schemes covered courts with only three providing services within Police custody suites. The major finding from the study was the significant variability in the service offer of these schemes in terms of their funding sources, staff composition, management structures, screening and referral processes, times of delivery, and data collection and monitoring processes. As a result there was also considered to be variability in terms of the quality of services delivered and the impact generated.

2.29 The detailed findings from this research were analysed and presented against a number of key themes with specific recommendations made for each. The key findings and recommendations of this report are summarised in Figure 2.1, below.

[16] Nacro, Court Diversion and the CJS: London MHEP – ACS Area Report, (London, 2008)

Figure 2.1: Court Diversion and the CJS: London MHEP – ACS Area Report - Key Findings and Recommendations

Theme	Key Findings	Recommendations
Screening	▪ 16 schemes operated at court (mostly reactive) ▪ Most referrals were filtered through court clerks with little or no mental health awareness training ▪ Administrative support was limited and only one scheme had access to their Trust database at the court ▪ Only two schemes operating outside 9am - 5pm hours	▪ Earlier intervention at police custody suites linking to existing court provision ▪ Dedicated administrative support to carry out background checks and gather information ▪ Mental health awareness training amongst criminal justice staff operating at courts and police stations
Assessment	▪ Assessments mainly conducted by CPN or psychiatrist using a bespoke assessment tool ▪ No formal arrangements with courts for the provision of psychiatric reports and only two schemes charged ▪ Interview facilities at criminal justice sites were lacking	▪ Use of a structured assessment tool including risk ▪ As a minimum schemes should have a desk with access to a computer and telephone linking to existing court provision ▪ A suitable room guaranteed for all health assessments
Facilitating Access to Mental Health Support	▪ Access to low secure and forensic beds was difficult ▪ The general view amongst general mental health and other health care services was that defendants would receive adequate mental health care in prison	▪ Greater awareness among general mental health services about the role and remit of CJLD schemes ▪ Closer working between CJLD schemes and community mental health services and learning disability teams
Liaison	▪ Few links with drug and alcohol workers at courts and police stations and limited links with services outside of mental health and substance misuse teams	▪ Greater efforts to forge links with other services, particularly specialist services for women and BME individuals.
Information Exchange	▪ No specific multi-agency information sharing policies ▪ Lack of awareness of CJLD schemes amongst other agencies hindered information sharing ▪ Speed required reduces written documentation available	▪ Multi agency arrangements between health, social care and criminal justice agencies ▪ Greater promotion of CJLD schemes to raise awareness and ensure confidence in sharing information
Multi Agency Arrangements	▪ Majority of schemes NHS Trust led with limited commitment form other agencies outside local authority ▪ Absence of governance arrangements and inconsistency in management and staffing ▪ Some schemes had provided mental health awareness training to criminal justice staff but this was rare	▪ Formalised governance and commissioning arrangements for schemes with senior level commitment from police, health, social service, courts, probation and CPS ▪ Schemes should make better efforts to link with agencies providing learning disability and dual diagnosis services
Data Collection and Analysis	▪ 14 schemes provided evidence of data collection, all undertaken in different ways making comparison difficult ▪ In general data could not show how successful referrals were except when admission to hospital was the outcome	▪ Schemes need administrative support to assist data collection ▪ Schemes need to collect a standardised set of data in order to fully evaluate the outcomes of their services

Source: Nacro, Court Diversion and the CJS: London MHEP – ACS Area Report, (London, 2008)

The Future Direction

2.30 There is a growing body of evidence to support the economic and health benefits of CJLD and consequently the further development of such schemes has been advocated within *Improving Health, Supporting Justice.* However, whilst the function of these schemes as proposed by Bradley (in the shape of criminal justice mental health teams) is considered appropriate the delivery plan states that the precise configuration must be determined by local priorities and needs.

2.31 To support this localised approach responsibility for implementing the offender health agenda has been devolved to regional teams. The LOHPB is responsible for taking forward this agenda in the Greater London region. The LOHPB Delivery Plan for 2009-2011 emphasises the need for individual services to align delivery and to bring together all elements of emerging policy to meet the needs of priority groups.

2.32 There has been increasing dialogue regarding the approach that schemes take, or could take, towards working with specific groups of offenders, particularly those considered more likely to benefit from diversionary approaches, for example those serving short term sentences.

2.33 The *London Borough Offender Profile Report*[17] for 2009 identified almost 60% of the prison population as serving sentences of less than 12 months. Women were highlighted as the group most likely to be serving short-term sentences which consequently raises questions about the extent to which the needs of female offenders are currently being met by CJLD schemes.

2.34 In recent years the experience of women in the Criminal Justice System has been an increasing focus for policy makers. In 2007, the Corston Report highlighted the fact that different approaches are required to achieve equal outcomes for men and women. Specifically, the report identified that mental health problems are far more prevalent among women in prison than in the male population or in the general population.

2.35 *A Report on the Government's Strategy for Diverting Women Away from Crime* was published in December 2009 and highlights achievements that include a 4.2% reduction in the number of women in prison and a 1% increase in community orders. However, a report by the House of Commons Justice Committee in January 2010 expressed disappointment in the slow

[17] Ministry of Justice - National Offender Management Service, London Borough Offender Profile Report, (2009).

progress in implementing recommendations for vulnerable women offenders which were accepted in December 2007.[18]

2.36 This report does not only promote the need to progress recommendations for working with women but, as its title suggests, advocates the adoption of a 'justice reinvestment' approach - which channels resources on a geographically-targeted basis to reduce the crimes which bring people into the Criminal Justice System. The report states that:

"The overall system seems to treat prison as a 'free commodity'…while other interventions, for example by local authorities and health trusts with their obligations to deal with problem communities, families and individuals, are subject to budgetary constraints and may not be available as options for the courts to deploy."

2.37 This view clearly resonates with the experiences of those currently involved in commissioning and delivering CJLD services. Increasingly, the cost and efficiency savings that can be generated within the CJS through early intervention approaches are being recognised and offer a valuable argument to support increasing investment in CJLD provision.

2.38 Finally, the report states that the key priorities for Government policy must be:

- Putting in place appropriate community-based services to prevent potential offenders from entering the Criminal Justice System and to divert them from the offending behaviour which can lead to custody;
- Creating a well-resourced, credible, nationally-available but locally responsive system of community based orders; and
- Committing to a significant reduction of the prison population by 2015 – especially concentrating on women and those whose criminality is driven by mental illness and/or addictions to drugs or alcohol.

New Approaches

2.39 Significant activity is underway to address the various challenges that have been identified within the literature. This final section is intended to provide a brief overview of some of the most relevant activity and identify the lessons that can be learnt from this.

[18] Cutting crime: the case for justice re-investment. First Report of Session 2009-10, Volume I, House of Commons Justice Committee, January 2010

Mental Health Courts

2.40 As part of the drive to ensure the Criminal Justice System is more responsive and better placed to meet the needs of specific types of cases, following the successful introduction of domestic violence courts and drugs courts, mental health courts (MHC) have now been piloted in Brighton and Stratford.

2.41 At the point of interim evaluation[19] in July 2009, 169 individuals had been screened or referred, with 47 deemed suitable for the MHC. Since that date the number of individuals screened and/or referred has increased to over one thousand. The suitability criteria used for screening is based upon the offence, residency, the presence of mental health issues and whether these can be effectively managed through a community order.

2.42 The evaluation identified very different demographic characteristics of defendants, with those at Stratford more likely to be male BME and suffering from a severe and enduring mental illness. Neither court has an embedded psychiatrist although both have access to one.

2.43 For MHC the translation of numbers screened into Community Orders was considered to be relatively low. Therefore, to support a further roll out of MHCs it would be expected that the number of Orders held by MHC Teams would be higher. A roll out of an earlier and more robust screening may be an important mechanism for making this happen and therefore has clear links to the presence of CJLD services within police custody suites.

2.44 The evaluation found some difficulties in relation to information flows between the police and the courts, limiting the extent to which individuals who meet the inclusion criteria for MHC and are on bail are identified. However, the process was thought to be improving and one of the major benefits identified has been more effective multi-agency collaboration and specifically the provision of joint mental health training.

Service Level Agreements for Psychiatric Reports

2.45 With an increased focus on more effectively meeting the needs of offenders with mental health problems, the process of obtaining psychiatric reports to inform the approach to sentencing and/or diversion has come under increasing scrutiny.

2.46 Recent attempts to addressing this long-standing issue have seen the implementation of Service Level Agreements for the provision of psychiatric reports. A key example is the pilot

[19] Process Study to Evaluation the Mental Health Court models at Brighton and Stratford Magistrates Courts, MoJ, July 2009.

between Her Majesty's Court Service and the Central and North West London (CNWL) NHS Foundation Trust.

2.47 The aim of the SLA is to provide timely psychiatric reports to the three participating Magistrates Courts at Harrow, Uxbridge and Brent through the recruitment of a 'pool' of appropriately qualified psychiatrists who have agreed to the terms and conditions set by CNWL for the production of reports.

2.48 The final evaluation[20] of this pilot was published in November 2009 and demonstrated significant success. This included 90% of psychiatric reports being delivered within the specified timeframe to a pre-agreed format and cost. In two courts, the need for psychiatric reports was in some cases reduced by the production of mental health practitioner reports which resulted in increased efficiency in the sentencing process, therefore speeding up justice outcomes.

2.49 Similar pilots in the South West and Norwich have also demonstrated success, highlighting the potential value of rolling-out this approach. An important point to note is the fact that the SLA was most easily incorporated into the court where no CJLD provision existed. However, although integration with existing structures proved more difficult, it was not impossible and the majority of professionals and service users expressed a minimum level of satisfaction with case management following the introduction of the SLA.

[20] Evaluation of a Service Level Agreement to Provide Psychiatric Reports to Three London Courts, Winstone J and Pakes F, November 2009

3. MAPPING CJLD SERVICES IN LONDON

3.1 A comprehensive mapping survey of existing CJLD services in London was undertaken to assess the level of current provision of liaison and diversion in the Criminal Justice System. The findings have been used to inform the overall study and this section provides a brief summary of the full CJLD Mapping Survey, which can be found at Appendix B.

Service Profile

3.2 A total of 25 services from across London responded to the survey. 17 (68%) of the services deliver at Magistrates Courts, two (8%) deliver at police stations, one (4%) delivers at a Crown Court and the remaining five (20%) services deliver at a combination of locations including courts, police stations and prisons. Services were asked to stipulate their core functions and all stated that they facilitate access to mental health services, with 96% providing mental health assessments. The majority of services also facilitate information and liaison exchange (92%) and provide reports (88%).

3.3 The survey demonstrates that there is a significant variation in when services are delivered. 16% deliver the service during office hours and 32% deliver during weekday mornings only. The majority of services (52%) stated that their delivery hours were on a variety of days for differing times. 79% of services stated that there are no cover arrangements for outside of their stated operating hours.

Funding and Facilities

3.4 56% of services have an annual budget allocation for their services. Annual budgets reported range from £12,000 to £120,000; the budget differs according to the hours of provision and number of staff allocated to the service. The majority of those that could not provide an annual budget tend to 'borrow' services from partners. 48% stated that the local PCT is directly involved in commissioning their service. Where the PCT is not involved, the most common agencies involved in commissioning are London Probation Service and the MoJ IMPACT Programme (via London Probation Service). Alternatively, the service is not commissioned at all.

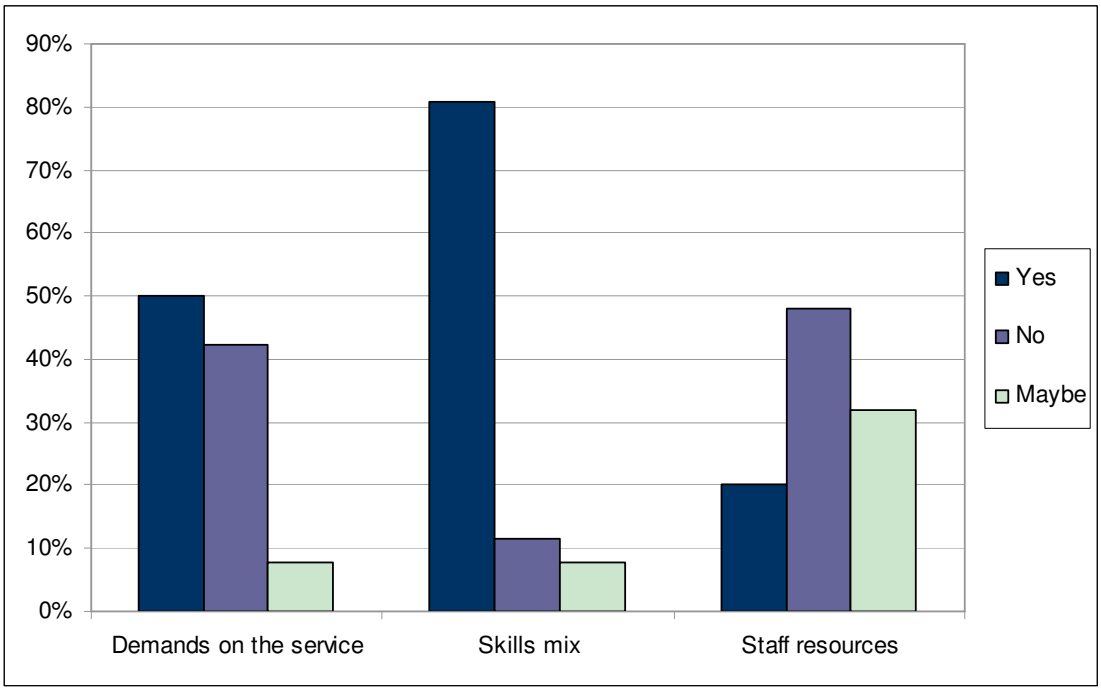
3.5 The CJLD services were asked to comment on the adequacy of the facilities where they deliver in terms of office and interview space, IT facilities and access to information systems. The majority of respondents (60%) stated that sometimes the office space was adequate and

that it depended on the circumstances on the day. 44% always or almost always have adequate interview space, 40% sometimes do and 16% rarely or never do.

Staffing and Training

3.6 Figure 3.1 indicates that the majority of service providers (81%) consider that they have the right skills mix to deliver the service. However, 48% of respondents stated that they are hindered by limited staff resources[21]. 50% of respondents believe that they have the right resources to meet demand. However 42% of service providers believe that this was not the case, indicating a varying level of constraint on service provision.

Figure 3.1: Do you have the right resources to deliver the core functions of the service in terms of the following?



3.7 The survey has shown that delivering training to other criminal justice agencies is often a core function of the CJLD services. The services are most likely to deliver training to Probation Service (61%) and court staff (73%). The survey revealed that the majority of staff within CJLD services are unlikely to receive training from other criminal justice agencies or services with the exception of the Probation Service, where 52% of service providers' staff have received training.

[21] Please see specific staffing arrangements in the individual service summaries in Appendix I.

Governance

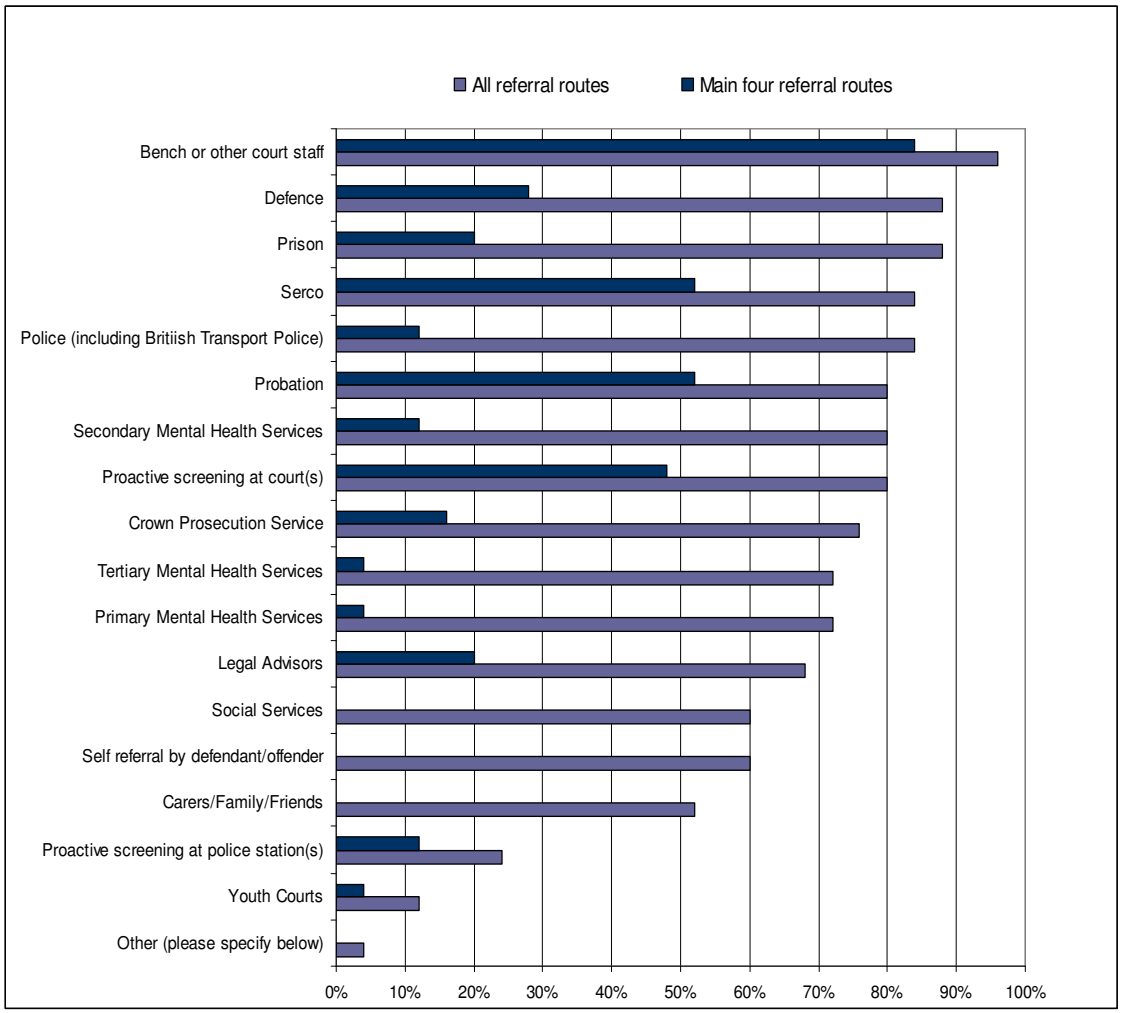
3.8 The CJLD services surveyed report service activity levels to a variety of commissioning bodies and stakeholders. The most commonly cited agencies include London Probation Service, Her Majesty's Courts Service (HMCS) and a variety of strategic and operational boards. 72% of services have a form of clinical governance groups or protocols that support and review clinical practice in place. 68% of services reported that there are regular clinical audits of their service. The majority of services received an audit in 2009 and/or have an audit scheduled to take place in 2010.

Access

3.9 74% of respondents stated that there are no exclusions from their service provision but for those that do not provide a universal service, the groups that are most commonly excluded include under-18s and defendants on bail. This is an indication of a need to develop specific services for these groups in any future development of CJLD provision.

3.10 Figure 3.2, below, shows the agencies or practitioners that services accept referrals from. The majority of agencies receive referrals from the bench or other court staff (96%), Defence (88%), Prison (88%), Serco (84%), Police (84%) and Probation Service (80%). Respondents were asked to indicate the four main agencies that they receive referrals from. 84% stated that they are most likely to receive referrals from the Bench or other court staff. The most common agencies to receive referrals from are Probation Service (52%), Serco (52%) and through proactive screening within courts (48%).

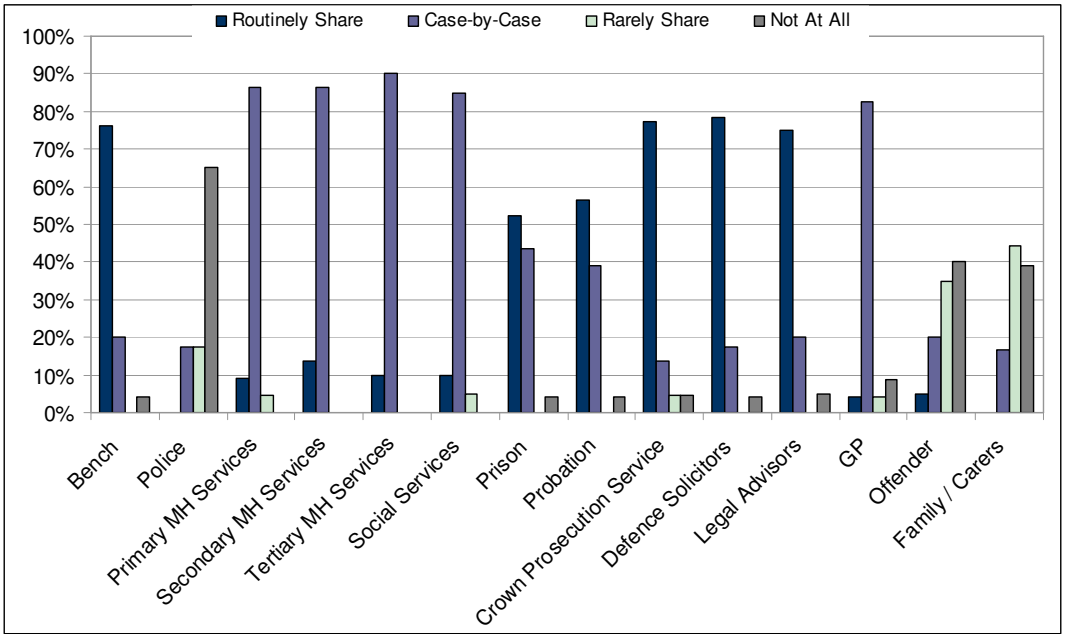
Figure 3.2: Where do you receive referrals from? What are the most common agencies to receive referrals from?



Reports

3.11 The most common type of reports provided are brief mental health screening reports; these are provided by nearly 90% of services. 76% of services provide psychiatric reports by a doctor. Figure 3.3, below, indicates the agencies that receive the reports provided by the services. Reports are routinely shared with the Bench, CPS, Prisons, Defence Solicitors and Legal Advisors. Although there is an expectation that the Probation Service would see the reports, consultation indicates that this is not always the case. The other agencies largely receive reports on a case-by-case basis. Reports are rarely or not at all shared with the Police, the offender and family or carers.

Figure 3.3: Who receives your reports and how often?



3.12 40% of services have a clearly defined process for obtaining psychiatric reports prepared by a doctor within their own service. 32% of services stated that there is no clear process defined for obtaining reports. The remaining services either have an arrangement through their wider organisation (28%), local provider Trust (20%) or local PCT (4%). The remaining services who stated “other” (12%) have more ad hoc informal arrangements in place. 76% of services use a report proforma or template specific to their service.

Liaison and Signposting

3.13 CJLD services were asked to explore their relationships with agencies that they liaise with and refer individuals to. Figure 3.4 illustrates the relationship, liaison frequency and referral rate that represents the views of the majority of the services surveyed. The brackets represent the percentage of services surveyed that reported this answer.

3.14 The most common barrier when signposting to other agencies involves difficulty in getting referrals accepted by other services and/or agencies (62%), closely followed by lack of staff time (57%).

Figure 3.4: What is your relationship with and how often do you liaise with the following agencies?

Agency	Relationship	Liaison Frequency	Referral Rate
Primary Care services	Good Relationship (62%)	Weekly (50%)	Weekly (45%)
Dual Diagnosis Services	Good Relationship (45%)	Monthly (33%)	Monthly (32%)
Drug and Alcohol Services	Good Relationship (59%)	Weekly (55%)	Weekly (58%)
Home Treatment Team	Good Relationship (48%)	Monthly (59%)	Monthly (53%)
Early Intervention Team	Good Relationship (45%)	Monthly (50%)	Monthly (39%)
Learning Disability Team	Limited Relationship (62%)	2 x years (47%)	2 x years (50%)
Personality Disorder Services	Moderate relationship (40%) Limited relationship (40%)	Monthly (44%)	Monthly (47%)
Homeless services	Moderate Relationship (65%)	Monthly (44%)	Monthly (38%)
Sex worker services	Limited relationship (79%)	Never (56%)	Never (63%)
Domestic violence services	Moderate relationship (42%) Limited relationship (42%)	Never (38%)	Never (44%)
BME	Good relationship (39%)	Fortnightly (38%) Never (38%)	Never (35%)
Women's	Moderate relationship (39%)	Monthly (31%) Quarterly (31%)	Monthly (21%) Quarterly (21%) 2 x years (21%) Never (21%)
CMHTs	Good relationship (71%)	Weekly (61%)	Weekly (43%)
Forensic Psychiatry Service	Good relationship (39%)	Monthly (35%)	Quarterly (47%)
Local Homelessness Unit	Limited relationship (53%)	Quarterly (31%) Never (31%)	Quarterly (40%)
Local YOT	Limited relationship (89%)	Never (60%)	Never (53%)
Prison Inreach Teams	Good relationship (74%)	Weekly (59%)	Weekly (60%)

Monitoring and Data Collection

3.15 The following gives an indication of the propensity for CJLD services to monitor their service provision:

- 92% of services surveyed always collect monitoring data on service activity, 4% sometimes do, and 4% do not monitor service activity;

- 68% always collect monitoring data on outcomes, 16% sometimes do and 16% do not collect any data on outcomes; AND
- 56% of services use monitoring data to evaluate and improve/develop the service, 28% sometimes do and 16% do not use monitoring data in improving their service.

Lessons Learnt

3.16 The CJLD service mapping survey has indicated that there is significant variation in the level of provision service across London with respect to the types of criminal justice agencies served and the amount of time per week that the services are operational. A possible explanation for this inconsistency is the difference in corporate governance, funding, staff resource and how established the services are with respect to commissioning and service level agreements in place. This is supported by the indication that the services currently have the right skills mix to deliver but staff resource is hindering the ability to meet the needs and demands of service users. Given the often limited levels of resource allocated to the services, the success of a CJLD scheme is dependent on the individual involved and establishment of personal relationships.

3.17 The majority of services surveyed stated that they had good relationships with a large proportion of agencies that they liaise with, for example Primary Care services, CMHTs and Prison In-reach teams. However, the survey revealed that relationships are limited between CJLD services and Learning Disability teams, Personality Disorder services, Sex Worker services, Domestic Violence services, local Homelessness Units and local YOTs. This may be explained by there being little need to engage with these agencies, lack of awareness of where and how they operate, or an unwillingness of these agencies to accept referrals as highlighted by the most common barrier when signposting to other agencies in the survey.

3.18 In the stakeholder survey undertaken in parallel with the service mapping survey nearly three-quarters of all court users (74%) totally or partially agree that they would like to develop a better relationship with local mental health and learning disability services. This represents strong evidence for the value of CJLD services and a rationale for their future development.

"At this Court we have a huge asset in the shape of a Clinical Nurse Specialist. He is an invaluable link with psychiatric services both in prison and outside. He is able to help the court save time by liaising directly with prisons… by pointing lawyers to the appropriate services in order to speed up the instruction of appropriate experts and facilitate the production of reports" (Judge)

4. THE CHALLENGE FOR LONDON

Introduction

4.1 This section of the report provides analysis of the findings from the survey of court stakeholders and the facilitation of twelve focus groups held in Magistrates Courts; Crown Courts, with the Police and Probation Services; victims and witnesses; and those with mental health problems and learning disabilities who have come into contact with the Criminal Justice System. This triangulates the quantitative and qualitative evidence obtained on a thematic basis to identify key issues, needs and gaps affecting the delivery of services to offenders with mental health problems and/or learning disabilities across criminal justice agencies.

Interaction and Awareness

4.2 Survey respondents and focus group participants were asked to identify their awareness of learning disability and mental health and their frequency of interaction with individuals facing these problems in the Criminal Justice System. The results provide an important baseline position against which potential gaps can be identified and addressed at key points in the offender pathway, with particular implications for the future delivery of CJLD services.

Observations

Frequency of Interaction

4.3 Interaction with offenders with mental health problems and/or learning disabilities is a **frequent and common occurrence** across all agencies involved in the offender pathway. Within the courts system, over half of survey respondents (51%) encounter a defendant with mental health problems on a monthly basis and the majority suggest that the court processes do not cater for the needs of those with these problems.

"I would say [I encounter individuals with mental health problems] pretty much every time I sit"
(Magistrate)

4.4 Rates of interaction with defendants with learning disabilities are of a similar frequency within the court system, with 45% of respondents stating that this is encountered on a monthly basis. Over 72% of all respondents to the survey have represented or dealt with individuals with a known learning difficulty such as dyslexia, low IQ, or inability to read and write. This is

considered to have significant implications for the efficacy of custodial and judicial proceedings and the ability of individuals to understand the processes being implemented.

"It is almost a daily occurrence to have defendants before the court with some form of learning difficulty e.g. literacy problems, dyslexia & ADHD." (Legal Adviser)

4.5 An individual's **specific role within the Criminal Justice System** does, however, introduce a degree of variability in terms of their interaction with mental health problems and/or learning disabilities. For example, stakeholders within courts such as Clerks and Managers have less direct interaction than magistrates or Judges. The **Police** and **Probation Services** also report high levels of interaction with these individuals, although this was specifically in the context of post-arrest and post-sentencing. This has important implications for the timing and nature of support for practitioners tasked with liaising with these individuals.

4.6 Interaction with offenders with mental health problems and/or learning disabilities is further compounded by the issues associated with substance misuse and the subsequent need for **dual diagnosis** and intervention. Many consultees reported that those with mental health problems and/or learning disabilities often have combined problems with drugs and alcohol dependency and that they commonly encounter this issue.

"Many defendants have a range of mental health problems, primarily drug & alcohol induced" (Legal Adviser)

4.7 Appendix C contains information provided by the National Treatment Agency in relation to the delivery of Drug Intervention Programmes (DIPs) in the London region. Given the frequency of interaction with offenders demonstrating mental health problems and/or learning disabilities, combined with issues associated with substance misuse, there is a clear rationale for the co-ordination of CJLD and DIP services. This is especially the case given that DIP Workers deliver interventions in the community, police custody suites and Magistrates Courts and therefore have the capacity to integrate activities with mental health provision.

4.8 This frequency of interaction and the complex range of issues involved in mental health problems, learning disabilities and substance misuse is therefore a key factor for consideration in the development of a holistic service to meet these needs.

Identification and Intervention

4.9 The identification of offenders with mental health and learning disabilities is critical to the recognition and assessment of the specific issue and the delivery of appropriate interventions to address each individual's needs. On a consistent basis this study has indicated that **earlier**

identification would reduce many of the problems that the Criminal Justice System currently faces in relation to supporting these individuals. For the individual, this would also ensure that appropriate intervention and diversion occurs at an earlier stage, thereby meeting their needs and reducing their risk of re-offending.

4.10 If a defendant reaches **Crown Court** and a mental health problem has not been pre-identified, this presents a number of specific problems. Focus group attendees felt that mental health problems or learning disabilities should not be first identified at this stage in the offender pathway and should have been 'flagged' at a much earlier point, for example within the police, remand, or Magistrates Court setting. This partly relates to **horizontal information sharing** between agencies (in cases where a problem has been identified), but two other key factors also affect Crown Courts:

- A general **lack of awareness** of the signs and symptoms of mental health problems or learning disabilities may prevent their identification at an earlier stage in the offender pathway therefore limiting intervention and causing delays at Crown Courts if a problem is identified; and
- The identification of these problems is frequently **defence-led** – this may be part of the defence case or alternatively due to concerns about the defendant's well-being that may not have been flagged by any other practitioner in contact with the individual. In either case, there are strong views that this situation should not arise as defence solicitors do not have adequate capacity or training in this area.

4.11 At **Magistrates Courts**, although similar issues of horizontal information sharing, earlier identification, and defence-led identification equally apply, there are additional and specific needs in relation to defendants with mental health problems and learning disabilities.

4.12 68% of CJLD schemes are located at Magistrates Courts in London and therefore the screening, identification and diversion processes are more likely to be available to support practitioners. However, 74% of survey respondents stated that they would like to develop a better relationship with local mental health and learning disability services. Therefore, **resource constraints, limiting operational hours and a lack of effective partnership relationships and referrals** may limit the impact of current CJLD schemes:

"The problem is more to do with resources than processes. There are processes available to properly cater for people with mental health problems - the issue is that much of the time there aren't enough resources to make those processes available." (Magistrate)

4.13 This resource problem is also a specific constraint in relation to learning disabilities and it is perceived by criminal justice stakeholders that there is a lack of services available to support individuals with these problems:

"There are no specific arrangements in place to assist offenders with learning difficulties. It is often unfair to expect defence advocates to take on this supportive role as they are not trained to deal with this and are not social workers." (Legal Adviser)

4.14 This is further evidence for the problem of defence-led identification of mental health issues and learning disabilities. This is a common factor between the Crown and Magistrates Courts, but in the case of the latter, the issue can manifest itself in different ways according to the dynamics of the particular situation.

4.15 In some cases, it may be in the interests of the defendant or the defence not to raise a mental health issue at a Magistrates Court hearing, as a six-month custodial sentence is likely to be preferable to a Hospital Order. This, therefore, limits the awareness for the court of the issue, which could be addressed through full screening processes delivered via CJLD services further up-stream:

"As a magistrate it is difficult to know who has difficulties as it is often undetected or unregistered. Research shows that there is a lot of mental illness and / or disability in the Court system but it is fairly rare that it is flagged up as an issue in judicial proceedings." (Magistrate)

4.16 As Magistrates Courts deal with lesser offences, defendants may choose not to seek representation, and therefore a lawyer is not in place to raise any issues that present themselves, even if this is not the optimal mechanism for identification. Focus groups indicated that court staff may also **lack training and awareness** of the symptoms and signs of mental health problems or learning disabilities, therefore constraining identification. This can result in **limited use of sentencing options** and a potentially serious issue of individuals being processed by the courts system rather than being assessed and their needs managed appropriately.

4.17 The role of the **Police** and **CPS** in identifying mental health problems and learning disabilities was frequently raised as a critical enabling factor in the earlier identification of these problems, especially amongst Magistrates Court stakeholders. Focus groups showed that the CPS is, however, reliant on paperwork received by the Police, limiting their capability to identify problems and intervene. However, if sufficient screening of those in custody is

undertaken, this would result in earlier identification and reduced problems later in the Criminal Justice System, as individuals who are charged would either be:

- Diverted to appropriate intervention at this stage via the CJLD process; or
- Committed to Magistrates Courts with the appropriate support already in place (provided that sufficient information sharing occurs).

4.18 Focus groups with **Police** indicated that time pressure is a key constraint to effectively processing those in custody. This currently limits the time available for assessment and this is reduced even further when consideration is given to the range of individuals requiring time with the accused. This includes, for example, DIP Workers, who identify and support those with substance misuse problems but could also play a role in supporting and referring the CJLD schemes. **Custody Sergeants** are also largely reliant on self-identification of those with these problems unless obvious symptoms are displayed.

4.19 The Police therefore require support to identify individuals, divert them, and pass on information. The incorporation of 200 nurses in the custody suites of London Police Stations through *Project Herald* may be an important future mechanism to facilitate access to suitable mental health and learning disability provision, provided that these nurses have the appropriate knowledge, training and experience. The provision of mental health nurses serving clusters of police stations to support those with lower-level mental health problems and dual diagnosis issues could be considered as a model for delivery, in tandem with the model of DIP provision identified in Appendix C. Latest MPS statistics indicate that approximately 70% of individuals passing through London police custody suites have mental health problems or learning difficulties.

4.20 Focus group consultation with **Probation Service** representatives indicated that the service has a strategic rather than operational role in ensuring that CJLD works effectively. While the CJLD services reduce the throughput of offenders with mental health and/or learning disabilities into a probation remit, the service's integration with other court functions could be improved. However, probation has an important role in sharing information and jointly identifying cases but the majority of CJLD schemes could adopt a more proactive and communicative approach.

4.21 The **link between mental health and offending** is also a key problem identified across all stakeholder groups. There is consensus that whether mental health problems drive offending or vice versa, both problems need to be addressed in parallel as the links are not easily broken. This results in a clear need to more effectively manage these individuals in the

community through adequate resourcing of both the Probation Service, but also partner organisations including **Community Policing** and the **Third Sector**.

Victims and Witnesses

4.22 The specific needs of **victims and witnesses** in relation to mental health and learning disability represents a key gap identified through the research. This was particularly identified by both magistrates and Judges in relation to the court processes and the ability of an individual to engage and cope with this, specifically in the context of providing **evidence** in a **suitable environment**.

4.23 Victim Support Workers and **Witness Care Officers** stated that, unless the victim or witness themselves or a carer stated that they had a mental health condition or learning disability, it is unlikely that they would have the opportunity to provide the necessary support for vulnerable victims and witnesses to provide evidence. If symptoms were correctly identified and communicated to court staff prior to the victim or witness attending court, then specific needs can easily be accommodated. Early identification and timing is crucial to ensure that vulnerable victims and witnesses feel comfortable and confident enough to give evidence and to ensure that the case does not fail.

> "The problem can often be identification. Often the primary method of contacting witnesses is by telephone and unless a person self-identifies it can be difficult to recognise that they have a specific need. In many cases the issue only becomes apparent on the day of their court appearance." (Witness Care Officer)

> "We have to complete a needs assessment for victims that can sometimes alert us to a specific issue. However, cultural norms and experiences can sometimes impact upon a victims understanding of mental health and subsequently the way in which that is communicated to us. There is also the problem of mental health issues and learning disabilities covering a broad spectrum. A victim may be asked if they have any specific needs in relation to the court process but may not necessarily relate this question to a period of mental illness experienced several years ago." (Victim Support Worker)

4.24 The identification of mental health problems and/or learning disabilities amongst victims and witnesses is therefore required **earlier** within the criminal justice process. If such problems are only identified at the stage of a Crown Court appearance, then this may be several months after a defendant has been charged and it may be too late for suitable interventions to be implemented. These interventions also need to cover the spectrum of problems affecting an individual's propensity for offending behaviour by ensuring that early identification is able to respond to all needs that are presented in a holistic way.

4.25 **Court stakeholders** also highlighted that while the support for victims and witnesses with mental health problems and/or learning disabilities may in some cases be limited and lack focus, the solutions are often simple, easily implemented and cost effective if pre-identified. These provisions could include the use of advocates, screens, live video links and lapel microphones, which can significantly improve the situation for victims and witnesses with these problems. Other measures include multiple court familiarisation sessions prior to the hearing and ensuring that vulnerable witnesses' sessions are prioritised and that dates and locations of sessions are fixed preventing any additional anxiety and disruption.

4.26 **Court stakeholders** also suggested that they are highly reliant on the **CPS** to identify such needs amongst victims and witnesses. However, it was also argued that the **Police** are an important filter mechanism to identify, at the time of making a statement, if an individual has mental health problems and/or learning disabilities. This pre-supposes the ability of the police to identify such an issue and highlights a need for awareness raising and training to improve this situation.

4.27 It is therefore crucial that **Police Officers** receive mental health and learning disability awareness training in identifying witnesses and victims as well as offenders, as offenders have additional opportunities to have any issues identified at a later stage. There are currently Mental Health Policing Unit pilots in place across a number of London boroughs that aim to provide sufficient awareness training to help officers identify symptoms. Whilst identifying less severe mental health problems and/or learning disabilities in anyone is always challenging, the victim/witness personal statements provides a useful tool for assessing the capability of a victim or witness if officers are made aware of evidence to look for.

4.28 Victim Support workers and Witness Care Officers also stated that they were largely not aware of any support services that they can access to provide them with advice and training on identifying and signposting vulnerable victim/witness. **Victim Support** workers stated that assault, robbery and disability hate crimes towards this group of vulnerable individuals were common. As victims with mental health and/or learning disabilities are also likely to be exposed to particular crimes whereby their vulnerability and isolation is taken advantage of, this support is even more critical.

Service Users

4.29 Consultation with those with mental health problems and/or learning disabilities who have come into contact with the Criminal Justice System and accessed services provided a crucial ‘first-hand’ perspective of experiences, needs and gaps. Fundamentally, individuals find the

criminal justice process, from arrest through prosecution to serving a sentence, to be a negative one in relation to their mental health and emotional wellbeing.

4.30 The findings demonstrate significant interdependencies with those that emerged from practitioners and stakeholders working within the Criminal Justice System. This therefore provides further evidence for the salient findings of the study and can be summarised as follows:

- **Identification and Information Exchange** – it was stated that Police generally failed to access information on mental health issues and did not take this into account during the post-arrest process.

  "If they had checked my records they would have seen my mental health and then they may have changed their behaviour to me" (Service User Focus Group Attendee)

  Individuals cited instances where they were kept in custody despite self-identifying their mental health problems or learning disabilities. They also referred to not being asked directly about their mental health.

  "Why didn't they just ask me?" (Service User Focus Group Attendee)

  However, when identified, while Police Officers do ensure safer detention, a lack of information is a common problem, as is access to an Appropriate Adult or Social Worker.

- **Access to services** – a number of individuals stated that they had been unable to access appropriate services in the community to address their mental health issues. In several cases CMHTs had failed to give a diagnosis and it was only after the individual became involved with the Criminal Justice System that support was offered.

- **Signposting and referral** – a number of service users received referrals to outpatient treatment following their release from custody, typically by their Probation Officer. However, most were given little or no support to follow-up referrals and consequently did not continue with treatment. In some instances specific mental health problems such as paranoia were cited as the reason for this.

- **Lack of a consistent approach** – service users with multiple experiences of police custody suites identified significant variation in the approach taken to identify mental health and/or learning disabilities and consequently the support provided is inconsistent. This was also perceived to be the case within individual police stations where individuals felt that the knowledge, awareness and empathy of the Custody Sergeant had a significant impact upon their treatment. It was suggested that policy and guidelines are

needed to ensure that people are provided with consistent support appropriate to their needs.

- **Mental Health and Emotional Support** – service users identified a lack of mental health and emotional support throughout their time at the police station and at court.

"No emotional or mental health support was ever offered to me"
"You were own your own to deal with it". (Service User Focus Group Attendees)

Accessing support was also identified as problematic.

"Once when I brought someone to court to support me, they weren't allowed into the court room" (Service User Focus Group Attendee)

- **Lack of information** – a recurring theme expressed by service users was the lack of information that they were given in terms of criminal justice procedures. Some described experiences of not being told as to what would be happening to them and they weren't kept informed of the outcomes of decisions.

"No-one explained the procedure to you"
"I was never asked if I felt able to go through the process"
"No reassurance that my emotional needs would be taken into account at court – the mitigating circumstances"
"No explanation at court – even from the solicitor – you just say your name and whether your plea is guilty or not guilty"
"It would help if people explained the procedure – people need to understand that I have mental health problems regardless of the court outcome"
(Service User Focus Group Attendees)

- **Impact of the environment** – individuals referred to the impact of the police station and court environs on their mental health and wellbeing and that little consideration was given to how the environment might be affecting them.

"It was a scary experience"
"I didn't get much help in the police station. I was asked if had any mental health conditions and told them I had been suicidal in past. I was put on a suicide watch. I wasn't allowed to go to the loo, the whole experience was very uncomfortable"
"In prison I mentioned I was low. They immediately thought I was suicidal and put me in a cell with 3 others. I was bullied and threatened"
"I was not seen by any health professionals"
"The police station is a time pressured environment – get it done and move on - we're just

customers to the police"
(Service User Focus Group Attendees)

- **Identity issues** – service users referred to feeling that they were often not treated with respect and that their cultural and gender issues were not taken into consideration. This appeared to be particularly the experience for the black male service users.

"There has to be recognition of cultural issues, there has to be respect; body language is often misinterpreted when a lot of it is cultural" (Service User Focus Group Attendee)

- **Training and Awareness Raising** – service users identified that criminal justice staff needed to have more knowledge and training on mental health and learning disabilities.

"They are not recognising what is mental health or learning disability or able to distinguish the differences"
"I mentioned to the police that I had Asperger's – they only asked if I needed to see a doctor. Not what I needed"
"Only one police officer was able to identify that I was on the autism spectrum"
(Service User Focus Group Attendees)

Individuals considered that it would be highly beneficial for them to play a part in training and awareness raising for practitioners. This would enable them to share their experiences and support practitioners in understanding the perspective of those with these problems. This is being delivered in prisons in relation to learning disabilities via the Prison Reform Trust and could be rolled-out in this context.

- **Solutions** – focus group attendees were asked what they thought may have helped to improve their experiences. Individual support, for example a key worker or support worker providing advice and guidance throughout the process, was clearly identified as a potential solution. More effective support at the police station was also identified in the form of a 'liaison' professional with knowledge of mental health and learning disability. It was also suggested that information should be provided in a format that was clearer for people to understand.

Psychiatric Reports

4.31 Psychiatric reports underpin the assessment and management process for individuals in the Criminal Justice System who display mental health problems or have learning disabilities. They also support the delivery of appropriate diversion, intervention and case disposal outcomes. The findings in relation to the type of report, accessibility, timing, speed, cost and quality highlight important gaps in service provision. These should underpin the future

development of a **Service Level Agreement** to inform the commissioning of psychiatric reports and the standards that should be expected in their delivery.

Types of Report and Accessibility

4.32 The study has provided strong evidence that the current commissioning of psychiatric reports presents a series of constraints for stakeholders working throughout the Criminal Justice System. Many of these problems result from a lack of clarity from individuals on how to access reports and commission their production. However, this is compounded by the fact that in some cases, reports are commissioned with no clear rationale for doing so, or the wrong type of report is requested.

4.33 The majority of **court stakeholders** responding to the survey (64%) totally or partially agree that they would like better contact with **mental health services** to improve the process of commissioning reports. Similarly, in relation to **learning disabilities**, 66% of respondents totally or partially agree that they would like better contact with services to improve the identification of individuals and the process of commissioning reports. This is clear evidence that there is a gap within HMCS in terms of how to commission the correct type of reports for particular individuals entering the Criminal Justice System.

4.34 Differences exist in the situation between Magistrates and Crown Courts in relation to psychiatric reports. **Magistrates Courts** do not deal with fitness to plead issues. Cases of a specific severity and requiring this level of assessment are referred to Crown Court for a subsequent hearing. However, both **Crown and Magistrates Courts** require Pre-Sentence Reports to assist in the disposal of a case. This is a common problem to both types of court in relation to their accessibility and commissioning, which is frequently defence-led, especially where CJLD services are unavailable. The demand in a court context for psychiatric reports are therefore mainly in the areas of 'Fitness to Plead" and to assist with sentence planning and Hospital Orders.

4.35 The purpose and necessity of obtaining a mental health assessment is a common question amongst **court stakeholders**. For minor offences, where a conditional discharge is the likely outcome, a perception exists that obtaining a full psychiatric assessment is both costly and unnecessary. While a full report may not be required in these cases, an assessment and or signposting to additional services to support the individual and address their risk of re-offending have clear benefits. Where CJLD services are in place this can be achieved efficiently and cost-effectively and there is a clear gap in support for offenders with relatively minor mental health problems or learning disabilities. This is partly due to the fact that focus

groups indicated that access to forensic psychiatry is perceived to be easier than for general psychiatry and therefore individuals below a certain 'threshold' do not obtain sufficient support.

4.36 The distinction between **psychological and psychiatric reports** is a further gap and clarification that needs to be addressed. The evidence suggests that mistakes are made in the types of report commissioned and that psychological risk assessments are commissioned rather than psychiatric reports. There is a clear need for a decision making framework to be drawn up to assist the courts in identifying the appropriate level of reporting mechanism balanced against the proportionality of the sentence being considered. Clearly in this approach if a Hospital Order is being considered then an appropriate level of expertise will be required to report.

4.37 The **Police** commented that the trigger for the right type of report for an offender could be considered via an appropriately delivered multi-agency screening and assessment tool. This could be carried out in police custody by partners and then linked through criminal justice and HMCS administrative function. The correct reports required will then be commenced at an earlier stage and the tool could also screen out unnecessary requests or disproportionate requests. This would also support the identification of additional problems through improved integration with services such as DIPs.

4.38 The criteria currently applied to the prosecution of offenders with mental health problems are inconsistent within the CPS and amongst psychiatrists. In appropriate liaison and diversion services with the courts and the CPS there may be some merit in discussing the wider use of the Conditional Caution as an appropriate disposal once screening has taken place and the offender has met the appropriate criteria.

4.39 For **prisons**, it may be beneficial to draw these services together in joint commissioning arrangements as reports are compiled to consider treatment plans, MAPPA arrangements and release plans of individuals in prison by the Parole Board. There are examples where prison in-reach teams work closely with CJLD Teams and they use each other's resources to meet demand. This would also contribute to improved information sharing through the offender pathway.

4.40 Commissioning of psychiatric reports is also fundamentally impacted by **geography**. There is a tension between the **residency of the individual** and the **location of court appearance**, which affects how a report is commissioned but also its quality. There is general consensus that commissioning of reports should be on the basis of offender residence, as the practitioner producing that report needs knowledge of local services to support their recommendations.

However, this is further complicated if an individual is a foreign national, has **no fixed abode, or is bailed** away **from the scene of a crime** (the original incident)**.** These gaps should be addressed within the **Service Level Agreement** governing future commissioning of psychiatric reports.

Timing and Speed of Response

4.41 The conclusive findings in relation to timing and speed of response are that psychiatric reports within Magistrates Courts are subject to long delays when commissioned. This is the result of a complex set of **interrelated factors** that when combined**,** negatively impact on both stakeholders and individuals with mental health problems or learning disabilities.

Timing

4.42 Factors related to the timing of requests for reports are common between Magistrates and Crown Courts.

4.43 Stakeholders at **Magistrates Courts** stated that earlier identification and intervention is required at the point of arrest. Reports produced to inform police investigations or the CPS decision should be passed on to the court. This is linked to the problems in **horizontal information sharing** that are evident across the Criminal Justice System in relation to mental health and learning disability.

4.44 Stakeholders at **Crown Courts** indicated that, at this stage in the process, mental health assessments and reports should be commissioned only rarely, for example to inform a fitness to plead hearing or sentencing. This finding is also related to earlier identification and intervention. Focus group attendees considered that it is the responsibility of the police, or the Magistrates Court, to have commissioned reports at an earlier stage in the offender pathway to inform subsequent proceedings.

4.45 The lack of a clear framework for the identification of mental health problems and learning disabilities and the timing of requests for reports also results in **duplication.** In some cases it has been found that a report commissioned at police or Magistrates Court stage is not shared at subsequent stages in the process. This has implications for both the individual but also constrains the efficiency and cost-effectiveness of the criminal justice process. The fundamental gap is a **central point of contact** to provide a framework for the commissioning of psychiatric reports and organise the process across the Criminal Justice System.

Speed of Response

4.46 The process of obtaining a psychiatric report is not only compounded by timing but also by the slow speed of response. This also relates to factors that are specific to individual points within the Criminal Justice System and have different effects within these settings.

4.47 Assistance required by the **Police** in terms of assessment under Section 136 are produced in varying timeframes due to local arrangements for taking people to a place of safety and the ability to access the appropriately qualified practitioner to carry out the assessment. There is a general acknowledgement that the police station should be a place of last resort for someone suffering from a mental illness.

4.48 Where an individual has been arrested on suspicion of an offence, then the police will need medical opinion on whether an individual is fit to detain and fit to interview. In the police focus group, examples were quoted of effective multi-agency partnerships in relation to individuals needing assessment and not using police custody. There is a need for a multi-agency Service Level Agreement to agree timeframes and working practices in relation to police requirements including MAPPA arrangements and Police custody.

4.49 For **court stakeholders** overall, little consensus exists on whether they can obtain an assessment from a psychiatrist for fitness to plead or pre-sentence psychiatric reports within an acceptable time frame. The actual time that survey respondents stated that they are likely to receive psychiatric reports within is most likely to be between six and ten weeks. However, most respondents would like to receive these reports earlier, within an acceptable timeframe of between four and six weeks. Overall, 52% of respondents stated that they would find this timescale acceptable.

4.50 Stakeholders at both Magistrates and Crown Courts suggested that there are **long delays** of up to ten weeks in obtaining reports. This is due to a lack of co-ordination but also a shortage in the number of psychiatrists available to undertake this type of work. Almost 60% of survey respondents agreed that the failure of psychiatrists or other mental health practitioners to deliver reports to an agreed time is a major cause for delay. However, there is a lack of consensus on the extent to which this represents a failure in service standards or is the product of a lack of general and forensic psychiatry resources for the Criminal Justice System.

4.51 To resolve this problem, there is however a consensus that a **central point of contact** and **pool of available psychiatrists** would support the courts to gain more effective and timely access to psychiatric reports. The study has shown that there are three important impacts in terms of the delays experienced in the delivery of psychiatric reports:

- **Courts** are affected by uncertainty rather than delays through repeat adjournments if reports are not completed by an agreed time for a hearing – it is this uncertainty rather than the delay itself that has the impact on the listing process for hearings. However, it should be noted that delays do impact on victims and witnesses and the general public's confidence in the Criminal Justice System.
- **Prisons** are subsequently affected due to the need to hold individuals on remand with the associated costs both to HM Prison Service and also to Serco in the repeat transportation of these individuals. The cost implications and efficiency gains here are not insignificant.
- **Defendants** are the subject of the most significant impacts due to delays in the delivery of psychiatric reports. They may be held on remand for considerable periods of time whilst reports are completed and for minor offences this may be unnecessary. For an individual with mental health problems or learning disabilities, this is also unlikely to be an appropriate situation to meet their specific needs.

"It's unacceptable that offenders remain in custody, often for relatively minor offences, whilst the case is adjourned repeatedly for reports" (Magistrate)

Cost

4.52 The cost of psychiatric reports and accessing funding for their production is a further factor causing delays in the criminal justice process but also has additional impacts that must be addressed in the development of a robust Service Level Agreement.

4.53 The survey of **court stakeholders** showed that there is little consensus between respondents on whether obtaining funding for psychiatric reports is a straightforward process. The overall perception is that report costs are not standard, vary considerably, and are too expensive, although specific factors affect the situation in Magistrates and Crown Courts.

4.54 For **Magistrates Courts,** the cost of reports is usually met from central funds and the court is limited in the amount available per report produced. For example, the limit at Harrow is £600 per report produced. While this introduces a certain level of standardisation to the costs, it results in problems in accessing psychiatrists who are able or willing to deliver this work. This also presents budgetary constraints if, as noted previously, reports are commissioned unnecessarily or for no clear purpose.

4.55 For **Crown Courts,** there is a need to obtain three quotes and prior authorisation from the Legal Services Commission before a report is commissioned. Three factors cause delays here: (a) it is the responsibility of the defence solicitor to obtain these quotes and this must be undertaken alongside their day-to-day work and may not be prioritised; (b) psychiatrists may

not provide the quotes to the defence solicitor in a timely way, which is compounded by a lack of psychiatrists to deliver this type of work; and (c) funding approval from the Legal Services Commission may not be forthcoming in the desired timescales.

4.56 There are a number of potential solutions to these issues which can be considered in the development of a Service Level Agreement. **Earlier identification, intervention and information sharing** would reduce the numbers of reports commissioned and, therefore, costs. This should be a founding principle for the Service Level Agreement, alongside the commissioning of **necessary reports** with a **clear purpose** - this is related to the issues of standardisation and quality highlighted below.

4.57 The standardisation of reports would also address the issue of variability in costs. The provision of **fixed fees** for the production of psychiatric reports and the use of **preferred suppliers** co-ordinated via a **central point of contact** for commissioning would address issues of reliability, timing, speed and cost in a holistic way. While there is a risk that psychiatrists will not work on this type of case if they are paid on a fixed fee basis, the development of structured **commissioning models** could potentially overcome this issue and the use of the private sector to deliver criminal justice reporting.

Quality of Output

4.58 There is a general consensus amongst **court stakeholders** that reports produced by psychiatrists are **highly variable in quality, length, structure and content**. While significant issues of quality exist, as outlined below, the critical factor underpinning these findings is that those commissioning reports need to be clear on the objectives of the document and the purpose for which they are to be used. The provision of this type of detailed specification must underpin commissioning specifications and the development of a Service Level Agreement to guide their future production. Key problems associated with reports include the following:

- **Length** – there is consensus that as psychiatrists are often paid for the number of pages in a report, this results in the production of documents that are too long with multiple pages of history and background on the case followed by a short series of conclusions and recommendations. Judges most notably stated that the recommendations of a report are the most important and this should precede any additional information contained within it as they are what drive actions in terms of the trial or sentencing.
- **Duplication** – linked to the issue of the length of reports, a common complaint amongst focus group attendees related to the fact that reports often duplicate a defendant's NHS

medical records, or the case notes of the trial for a pre-sentence report. This is considered to be largely unnecessary unless it is of critical importance to the findings of the case.

"Often they are cobbled together from NHS patient's notes and have little original thinking and then we are presented with a large bill (c£450-£500), too high for the Magistrates' Court." (Legal Adviser)

- **Offending and Disorder Linkages** – it is perceived by all groups of stakeholders that the key purpose of a psychiatric report is to identify the links between a disorder and the offending behaviour, the risks that this presents and how it can be addressed through appropriate intervention. This is essential for suitable disposal of a case and public protection.

"Reports should focus on degree of responsibility for the subject's own actions, their potential danger to the public and to themselves, their ability to function independently in society with or without supervision, and what can be done to assist them. They should also make specific recommendations for treatment and sentence." (Magistrate)

4.59 In order to address these problems, the development of a Service Level Agreement must consider the potential **standardisation** of reports in terms of length, structure and focus, without prejudicing the ability of the psychiatrist to highlight areas of potential risk or concern. This must therefore be combined with the development of a framework for court stakeholders that provides clarity of information for psychiatrists producing reports to ensure that quality is improved.

Information Sharing

4.60 The findings on the identification of mental health problems and/or learning disabilities amongst those suspected of an offence or appearing as a defendant, and the problems associated with subsequent commissioning of psychiatric reports, is underpinned by the limitations associated with information sharing across the Criminal Justice System. This has a significant impact on the services received by individuals with these problems, the outcomes of these services, and the efficiency and cost-effectiveness of the organisations tasked with providing them.

Capability and Constraints

4.61 The conclusive finding on information sharing is that both **vertical and horizontal information** flows face a **series of blockages** within the Criminal Justice System in relation

to mental health and learning disabilities. Vertically within organisations, information may not be shared effectively, but the main focus of the problem is horizontal information sharing between different organisations. This is a product of the operation of different ICT systems, the use of numerous policies, procedures and protocols, and a lack of a single point of contact or co-ordinated approach.

4.62 For example, in the case of mental health assessments and reports, it has been identified that there is **duplication** between HM Prison Service, Magistrates Courts and Crown Courts. The evidence suggests that if a mental health problem or learning disability is identified at an early stage, it is unlikely that this information is passed on through subsequent stages of the offender pathway, or to the CPS, Probation Service and Prison Service. Equally, these organisations are limited in the information they share in a two-way structure. This is perceived as presenting **risks** to those engaging with the individual and limits the interventions that can be delivered to support them in addressing these problems.

4.63 A further area of difficulty relates to health records. Almost half of **court stakeholders** responding to the survey (45%) agreed that they would routinely try and get information from the defendant's health records if they knew or suspected that they had a mental illness/disorder. Practitioners' primary reasons for wishing to access and share information on these individuals relate to **public protection**, which is of paramount importance.

4.64 In addition, the **Police** may require information quickly from Mental Health Services in a crisis situation involving an individual with severe mental health problems. However, it has been found that this may not be forthcoming and represents a clear blockage in the system. In cases where an individual attempts '*suicide by cop*' – i.e. deliberately acting in a threatening way with the goal of provoking a lethal response from a law enforcement officer - there are potentially fatal consequences of these delays and limitations in information sharing.

4.65 There is, however, a significant lack of consensus on who to approach when seeking further information on mental health records and stakeholders face significant barriers to doing so. In many cases, this is simply reliant on **personal relationships** and there is a lack of a structured approach or policy to the sharing of information, which, if more effective, would support the process of generating reductions in re-offending.

Protocols and Risks

4.66 There is a clear tension between the need for confidentiality protocols and the risks that may result from a lack of effective information sharing in relation to mental health and learning disabilities in the Criminal Justice System. **Confidentiality and data protection** is of

paramount importance when dealing with information on offending and health. However, the effective sharing of this information can enable the system to become more efficient, joined-up and meet the needs of individuals in a more holistic way through reducing duplication, whilst at the same time ensuring the security of information made available.

4.67 Currently, the use of **multiple confidentiality policies** and the implementation of different processes for different agencies severely reduces effective information sharing. There is a need to clearly define the extent of information that should be shared between agencies, how this should be facilitated, and the individuals who should be responsible for this process.

4.68 A gap exists in terms of a **central point of contact** through which all information queries can be filtered and met through a secure process. This could support the transfer of information on an individual's mental health, assessments undertaken and interventions delivered horizontally though the offender pathway, for example between Police and Magistrates Courts. CJLD programmes would be a suitable mechanism for this to occur through the development of a holistic 'case management' approach, or this could draw upon the approach used by other interventions such as DIPs (see Appendix C).

4.69 In addition, due to the numerous information sharing protocols that exist, it would be effective to raise awareness of existing policies to ensure that practitioners operate within them without limiting the information that is shared between agencies. New information sharing policy or protocol to support interventions for those with mental health or learning disabilities is not necessary. Rather, the solution is to ensure effective engagement of practitioners with **existing policies and procedures**.

4.70 In relation to risk, there is a perception that a lack of information sharing results in increased risk to criminal justice staff. For example, Serco staff responsible for transporting offenders with mental health problems and/or learning disabilities to prison or hospital report that they are rarely provided with information about this. Similarly, **court stakeholders** also report a lack of information from the Police, CPS and HM Prison Service which can create listing issues in relation to the availability of secure docks. However, it appears that these problems are largely perception and in reality, while it would be of benefit to have this information, the risks associated with this type of defendant do not differ significantly from those associated with others who present high risk. Adequate provision of training and awareness raising should play a key role in addressing this.

Signposting

4.71 The availability and accessibility of additional services to offenders with mental health problems and/or learning disabilities is of vital importance in addressing the cycle of re-offending. There is strong evidence that these individuals often have a complex and interrelated set of additional problems that increase their propensity to re-offend. In some cases, for instance substance misuse, this may also result in the intensification of their mental health problems and learning disabilities to the detriment of their effective rehabilitation.

Awareness of Services and Service User Needs

4.72 The study has produced significant **evidence of need for additional services** for those with mental health problems and/or learning disabilities. The vast majority of **court stakeholders** (88%) totally or partially agree that vulnerable defendants attending court need additional support to address their health and social care needs and this is a key gap in provision that must be addressed in order to improve services to this target group.

4.73 The most prominent issues requiring intervention, according to **court stakeholders**, include housing, money and benefits, IAG in the criminal justice process, and drug and alcohol services. These are combined with access to appropriate mental health and learning disability provision. Development of effective signposting mechanisms is therefore critical to meet these complex and interrelated needs.

4.74 Despite the need for these additional services, more than two-thirds (69%) of respondents claimed that they would not know how to advise vulnerable clients in need of additional services. Similarly, over half (52%) of respondents lack awareness of services available and would know where to direct vulnerable defendants.

4.75 Service provision is, however, available and could support this target group, but there is a lack of knowledge of who is responsible for the signposting and referral process. This is an important gap to emerge from this study that needs to be addressed through the development of the current approach to service delivery. There needs to be an exploration of the duty of care of HMCS to signpost individuals who are before them who do not fit within the legal frameworks that the courts deliver.

Referral Pathways

4.76 Roles in the referral process to appropriate services for offenders with mental health problems and/or learning difficulties exist throughout the offender pathway. There is a need for

practitioners working in different agencies to **improve their awareness of existing services** to which clients can be signposted and facilitate this process. Such an outcome does not require significant levels of additional resource, but a sufficient level of awareness of multi-agency roles and responsibilities in signposting this target group effectively. This will be underpinned by the earlier identification of needs and CJLD services acting as a signposting gateway into additional intervention and health and social care provision.

4.77 The fact that no single agency is tasked with signposting offenders and a widespread perception that this is solely the role of the Probation Service is a further limitation. Relationships, as for information sharing, are driven by personal contacts rather than an effective referral mechanism. There are a number of problems experienced by individual agencies throughout the offender pathway in relation to this, but also a number of potential solutions, which are outlined below:

- **Community Police –** PCSOs and SNT Officers frequently interact with individuals displaying mental health problems and/or learning disabilities and those potentially presenting a risk to the public. However, some report a lack of knowledge and awareness of the agencies to which they can refer and signpost them. This can be addressed through improving CJLD provision in police stations to support earlier identification and raising awareness of services amongst these frontline officers. In cases where referrals are made from SNTs, capacity issues within Community Mental Health Teams often prevent responsive action being taken.
- **Police Custody –** there are two gaps in relation to Police Custody. The first gap relates to individuals held in police custody who are assessed by the appropriate healthcare provider who does not have links with local services and therefore lacks the knowledge to effectively signpost individuals. This could be carried out within the nursing structure currently being rolled out across the MPS through *Project Herald* and the potential to link this with mental health nurses in the future. The second gap relates to when an individual who clearly demonstrates mental health problems or learning disabilities is not charged with an offence. This presents a need for referral to community mental health services and other relevant provision, potentially via CJLD trained staff operating via a cluster of police stations. The police have a duty of care to those people being released from custody and this needs to be fulfilled in the future through adequate signposting mechanisms as a part of a release risk assessment.
- **Probation Service –** the ability of Probation Officers to signpost and/or refer individuals to a range of community-based services could be improved. There is a need for the Probation Service to develop its two-way relationships with partner organisations to

facilitate this referral process. The high referral threshold of existing CJLD schemes make effective liaison difficult. The Probation Service therefore needs to improve its knowledge base, refer to a wider range of services and use existing formal partnership arrangements to achieve this.

- **Courts –** there is a perception, specifically amongst Judges and magistrates, that courts do not have a responsibility in relation to the signposting of individual offenders to appropriate services. However, other individuals working in the court setting, for example Legal Advisers, require knowledge of appropriate services where required to enable them to assist those defendants that require additional information. While a mini CAB in court settings is a valid suggestion, the gap relates to awareness and information sharing that could be addressed via staff training and the provision of wider CJLD services with a signposting and referral remit.

4.78 The clear outcome from this area of the study is that interventions additional to mental health and learning disability provision are needed at the earliest stage possible within the criminal justice process. This is best practice for supporting people with substance addictions, as delivered by DIPs (see Appendix C) and therefore is a guiding principle for facilitating future access to a range of services. Central to this will be the utilisation of expanded CJLD provision as an enabling mechanism for the identification of all offender needs that may contribute to their offending. This should be combined with staff across partner organisations having increased awareness of their own responsibilities in relation to referral and signposting gateways.

Training

4.79 Throughout the analysis of findings from the focus groups and survey of court stakeholders, it has been demonstrated that there are gaps in the knowledge, experience and expertise of practitioners. This has an impact on the type and level of service delivered to individuals with mental health problems and learning disabilities and is evidence of a gap in relation to the provision of appropriate training to individuals working across the offender pathway.

Training or Awareness Raising

4.80 This study has provided clear evidence of the need for additional training of criminal justice practitioners in relation to mental health and learning disability. The survey of court stakeholders resulted in the following headline findings in support of this assertion:

- 88% agree that training on mental illness disorder with respect to managing defendants through the Criminal Justice System would be helpful;
- 86% of respondents totally or partially agree that training on learning disabilities and/or difficulties with respect to managing defendants through the Criminal Justice System would be helpful; and
- 75% of respondents totally or partially agree that training on mental health and learning disability should be mandatory for all professionals working in the Criminal Justice System.

4.81 Although these training needs undoubtedly exist, the subsequent focus groups delivered with practitioners resulted in significant findings regarding the distinction between *awareness raising* and *formal job-specific training.*

4.82 While the majority of practitioners agreed that there are gaps in expertise, it was considered important to distinguish between the generic knowledge required to support offenders with mental health problems and/or learning disabilities and the training required to support the technical aspects of an individual's job. These specific areas are considered fully below.

4.83 Practitioners consulted with also referred to a number of existing training programmes that are currently available and cover both generic and job-specific training. Therefore, a gap analysis of existing provision could be a potential first step in meeting the needs identified, and will reduce duplication if it can be met through building on existing best practice rather than developing new training provision.

Awareness Raising

4.84 Awareness raising is required for the majority of groups of practitioners working in the Criminal Justice System and relates to addressing the significant findings of the study. The key needs include:

- Identification of offenders with mental health problems and/or learning disabilities and doing so at an earlier stage in the criminal justice process;
- Knowledge of CJLD schemes, how to access them for advice, and their use to enable individuals to access the right level of support and intervention at the right time;
- Existing information sharing protocols, how information can be shared more effectively, and the roles and responsibilities in doing so;

- Ability scales and the needs of victims and witnesses was considered to be beneficial across all groups of practitioners; and
- Part 3 of the Mental Health Act - the survey and focus groups demonstrated that it is not straightforward and easily understood – almost two-thirds of respondents agreed that a resource that offered advice on Part 3 of the Mental Health Act would be useful.

4.85 The generic awareness raising needs listed above would be beneficial for the majority of practitioners engaged in this study and working in the Criminal Justice System. Its delivery could take the format of multi-agency sessions, which will have the dual benefit of improving partner knowledge and co-operation to address the salient findings of this study. The further development of a 'Mental Health First Aid' course would be an appropriate mechanism by which this objective could be achieved. Many participants in the focus groups preferred a method of multi-agency training to improve networks and relationships. Service Users identified benefits in being involved in delivering this kind of training in order to provide the 'real live' experience of being in the CJS.

Job-Specific Training

4.86 Training related to mental health and learning disabilities for specific groups of individuals working in the Criminal Justice System is of clear importance for the future development of services to this group. However, training needs to meet the specific technical needs of an individual's job role to ensure that sufficient buy-in is obtained and that the requisite knowledge is developed amongst the right groups. Training needs for specific groups are summarised below:

- **Judges –** the key gap here relates to awareness raising, as Judges are reliant on professional expert opinion in reaching their decisions and believe that this role must be maintained. It is therefore perceived that specific training needs are more limited than for other groups. It should also be acknowledged that any additions or changes to training must be delivered through the Judicial Studies Board (JSB).
- **Magistrates –** similarly to Judges, magistrates prefer to rely on professional opinion and state that they require generic awareness raising. However, there is a demand for specific areas of training including on particular conditions, the impact on offending behaviour and the different sentencing options available in these cases to support both the individual and ensure public protection. It would also be useful to train around a new decision making framework for commissioning reports.

- **Defence –** given that the study has provided significant evidence that identifying mental health problems and learning disabilities is defence-led, this is an important area for consideration. Barristers get no training in their professional courses and this group believed that it should be made compulsory. They state that they currently rely on formative learning on a case-by-case basis, which is insufficient to identify clients with problems and obtain the correct support for them.
- **Court Managers and Staff –** focus group feedback suggested that the key needs for HMCS staff and Serco relate to health and safety and risk assessment for those with mental health problems and learning disabilities to ensure that they are effectively managed and supported in the court setting.
- **Police Officers –** in addition to general awareness raising that is incorporated within Officer Safety courses, the Police require specific training on the links between offending and mental health and/or learning disabilities and improved knowledge that the criminal justice route can be pursued in parallel with providing support for the individuals problems. Custody Officers in particular will also require specific training if the earlier identification and intervention of mental health problems and learning disabilities is to be achieved. While some of these matters are being explored within national organisations such as the National Police Improvement Agency and ACPO cabinet. However, localised multi-agency awareness training would seem to be a useful addition.
- **FMEs/Custody Nurses** – Models for Healthcare Provision - there is a current lack of Section 12 approved practitioners and it is important that this additional accreditation is considered in the provision of healthcare services within the police custody environment At the time of writing this report we are aware that the Department of Health and the Home Office are considering how Healthcare services within police custody should be delivered **and once this has been reported on it will drive future practices.**
- **Probation Service –** the Probation Service highlighted that training needs to be job specific and relate to Personality Disorders. It was also identified that newly-qualified Probation Officers lack knowledge, confidence and awareness in working with offenders with mental health problems, although this is currently being addressed through the roll-out of a specific pan-London training course. For example, London Probation Service currently directs its training to all PSOs and newly qualified Probation Officers. London Probation Service is also a member of the London Knowledge and Understanding Framework Partnership (LKUFP), which is delivering training on personality disorder and awareness training across health, social care, criminal justice and third sector agencies. This has the potential for further development in response to this study.

- **Health Practitioners –** there is a perception amongst stakeholders working in the court that health staff working within the Criminal Justice System require additional training regarding how the processes operate to enable them to more effectively deliver services within this context and work more closely in partnership. In particular there is a need for training in giving evidence.

Facilitation and Delivery

4.87 The methods of facilitation and delivering training is an important consideration if it is to meet its objectives and support practitioners to better fulfil their day-to-day roles and responsibilities. Specific practical issues raised in the consultation process included:

- The time for practitioners to be released for training is a key issue and covering the time that staff are away for courses must also be considered when resources in criminal justice agencies are already limited;
- Financial resources must also be considered in the development of training and there must be clear rationale for funding training and the identification of appropriate sources to enable it;
- To address the problems associated with time and financial resources, e-learning may be a potential solution. However, this is not the preferred option amongst particular groups of stakeholders, for example the Police, but is preferred by other groups, for example magistrates. This demonstrates a need to tailor provision effectively.
- The role of the JSB and Skills for Justice must be fully considered in the development of provision for mental health and learning disabilities – this presents a potential funding source but also a quality assurance and accreditation mechanism.
- Training needs to be locally-specific to ensure that practitioners are aware of services available to individuals with mental health problems and learning disabilities in their area – this is also important to enable local networking to develop effective partnerships and referral routes.
- There is a demand for ongoing refresher training amongst all groups in order to keep their knowledge up-to-date and raise awareness of legislative changes, best practice and new approaches.

5. AREAS FOR CONSIDERATION

Key Context

5.1 This study has involved extensive quantitative and qualitative research and analysis to map and review the operation of existing CJLD schemes in London and the needs of key stakeholder groups in supporting offenders with mental health problems and/or learning disabilities. The research has identified a number of key areas, across a range of partner agencies, to improve service provision for this target group and address the gaps highlighted throughout this report.

5.2 Achieving these improvements will require intensive activity to undertake the necessary actions and deliver the recommendations of the Bradley Report and the Improving Heath, Supporting Justice Delivery Plan. There is a clear need for a strategic conversation involving key stakeholder organisations to identify the next steps and what can be established as a result of this study on a pan-London basis including the scope of recommended initiatives, their location within strategic structures, and the financial and efficiency gains to be realised.

5.3 This work forms only one part of a suite of research activities currently being delivered through the LOHPB to support the development of future commissioning guidance for London. This report should generate discussion and debate within the LOHPB and wider partners. It provides a baseline of current provision and highlights a number of aspirations for the future development of CJLD services and additional interventions for the target group. A good strategic fit between this research and the outcomes of the additional workstreams is essential. This will ensure the development of cohesive commissioning guidance prior to wider formal consultation with partners and will form the basis for a strategic conversation covering how this can be delivered.

5.4 This concluding section of the report identifies a series of **areas for consideration** to emerge from the study, which are directly informed by the evidence obtained across the intelligence gathering activities. These areas for consideration should inform the development of commissioning guidance for the future delivery of services to support offenders with mental health problems and/or learning disabilities in London.

The Benefits of Rising to the Challenge

5.5 The development of specifically targeted services for offenders with mental health problems and/or learning disabilities is the key objective that this study has sought to inform. The research findings support the development of improved services for the benefit of this target group through the provision of coordinated, targeted and timely interventions. If designed and delivered effectively, these interventions will support improvements in re-offending, public protection and health inequalities through more effective support and management of this offender group.

5.6 Nevertheless, the findings of this study and the areas of consideration outlined below have the potential to go further than simply supporting the individual engaged in the criminal justice process. There are a number of consequent additional benefits for practitioners involved in supporting them, for victims and witnesses, but also for the strategic and operational management needs of the Criminal Justice System. These benefits are important and must not be overlooked.

5.7 While the needs of these individual stakeholder groups are central to the development of Liaison and Diversion services, the uncertainty surrounding public sector funding cannot be underestimated. The availability of new funds to support this work is likely to be limited and the current economic climate demands increased efficiency in public policy delivery. It is therefore important that the areas to be considered have significant potential to generate cost savings and efficiency gains through reductions in duplication and improved co-ordination between and across services. Establishing robust evidence of this through cost-benefit analysis is critical to drive future implementation of the changes proposed.

Areas for Consideration

5.8 The findings from the study are complex and demonstrate significant levels of interdependency. We have established a number of specific areas for considerations, which follow, as subject matter for further exploration by the LOHPB.

1. Earlier Identification and Intervention

5.9 Replicating the Bradley Report, this study has produced significant evidence of the need and value of earlier screening and identification of offenders with mental health problems and/or learning disabilities. Early identification and intervention offers the potential to reduce the difficulties faced downstream in the offender pathway by ensuring that assessment occurs at

the earliest possible stage. It also offers potential for efficiency gains and further cost-benefit analysis is required to provide evidence for this. A number of potential solutions to achieve this early identification include:

- Significantly increasing the role of the partnerships with the Police in early identification, screening and intervention through appropriate training of PCSOs, SNTs and other Officers operating at the frontline with the ability to refer/signpost individuals presenting risk to appropriate (CJLD) provision. This could be explored within police call handling data and information systems. The partnership should facilitate closer links with Community Health and Public Health Services in the neighbourhoods.
- The development of a Screening and Assessment Tool in Police Custody. A basic tool has been piloted in the North West region by a variety of staff that work in custody or third parties operating in custody (e.g. Screening and Assessment workers) and provides an early indicator requiring more in-depth healthcare provision, which can then be assessed further through formal mechanisms. In addition, the police are also currently developing a specialised screening tool for early identification with Prof Don Grubin from the University of Newcastle for use in custody suites. This screening tool will also need to include provision for identifying learning disabilities. The partnership work would need further scoping to explore pathways to assessment and treatment if any issues are identified and how this information gathered could speed up the justice process into the courts and prison service if a sentence is deemed appropriate.
- Maximising the role of the 200 nurses to be recruited by the police in custody in the MPS region through *Project Herald*. This must consider the extent to which these nurses will have the knowledge, capacity and training to consider the wider Health Offender Agenda, including mental health and learning disabilities.
- The development of increased numbers of CJLD services serving individual police stations, or clusters of police stations, according to demonstrable demand. This has the potential to ensure that screening and referral takes place at an early stage and is supported by increased levels of information sharing (see below). We are aware that the Metropolitan Police have developed a screening tool for use operationally for assisting with decision making around an individuals 'capacity' to make decisions for themselves.
- A key operational point linked to increased screening within Police Custody, is the need to ensure consistency with other screening tools being delivered at later stages in the offender pathway. This will be important to ensure a coherent approach to the delivery of effective screening and diversion as CJLD schemes must be integrated with the range of additional offender needs, for example substance misuse covered by DIPs (Appendix C).

2. Local / Sub-regional Single Point of Contact

5.10 The provision of a local or sub-regional single point of contact for existing CJLD schemes and stakeholder organisations involved in supporting offenders with mental health problems and/or learning disabilities has been identified as a consistent gap throughout this study. Consultees highlighted that a locally available single contact has the potential to deliver a number of potential benefits including facilitating more effective co-ordination and information sharing. For example, the provision of support to access psychiatric reports or signpost vulnerable individuals to appropriate services. Potential ways to deliver this local contact point could include:

- The potential use of individual, or clusters of, CJLD services, to provide wrap-around service provision in relation to mental health, learning disability and the Criminal Justice System. This could be a single point of contact for criminal justice agencies in the local area or sub-regional cluster for all activities required to support an individual with these problems through the Criminal Justice System, or diverted where necessary.
- The introduction of a localised case management approach to CJLD services. This could build upon the DIP model (Appendix C) and would facilitate improved information sharing at a local level across the offender pathway by managing an individual through screening, assessment, court appearance, and post-disposal of the case. This could be delivered in partnership with Community Mental Health Services and other partner agencies as required.

3. A Phased Approach to Change

5.11 It is fundamental that, for any areas for consideration that are taken forward by the LOHPB, a phased approach to change and service composition is delivered. This approach would ensure a seamless transition between strategic and operational systems and allow for the necessary culture change amongst frontline practitioners which may be required to drive success. It also allows for the ongoing monitoring of progress and risk in a structured and co-ordinated way within a defined timetable and milestone driven framework.

4. Demand for Services

5.12 The study has provided significant evidence that interaction with offenders with mental health problems and/or learning disabilities is frequent within the Criminal Justice System. Therefore, a rationale exists for both identification and intervention at an earlier stage of the offender pathway.

5. Learning Disability Services

5.13 It is evident from the consultation programme that learning disability services, working in the context of the Criminal Justice System, are less well-developed than those supporting offenders with mental health problems. The development of enhanced future links must therefore be a core consideration to meet the needs of this disadvantaged group and should be fully integrated within CJLD provision.

6. CJLD Services

5.14 There is evidence of significant demand for CJLD provision, however, current services have limited staffing resources and variable budgets. The mapping exercise has indicated that they are funded via a diverse range of sources and are located in a range of different settings. Their success is often dependent on the individuals involved in their development and management rather than a co-ordinated and structured framework setting out service standards and delivery arrangements. The majority of services are currently provided at Magistrates Courts and consideration should be given to whether additional services should be provided at an earlier stage in the offender pathway, for example in a police setting.

5.15 The study clearly indicates that commissioning CJLD services is the optimal public policy tool to expand support to offenders with mental health problems and/or learning disabilities. They can also play a significant role in addressing other factors that affect an individual's offending behaviour through the provision of an integrated service meeting a variety of needs. Most specifically, links with DIPs (see Appendix C) are significant due to the complexities associated with dual diagnoses and the delivery of appropriate treatment programmes. This could include the development of a service specification considering:

- Location of provision;
- Standardised portfolio of services to be delivered including proactive screening to support earlier identification;
- Structured and sufficient funding streams on a long-term basis;
- Staffing and resource levels based on local demand, including the level of resource required and whether a physical base is required to address the resource constraints identified. Home working and outreach hub and spoke provision may be a consideration here; and
- Management, governance and co-ordination arrangements that drive a golden thread and standard through all the services from Police/Courts/Prisons/NOMS.

7. Psychiatric Reports

5.16 Replicating the Bradley Report, this study has identified the provision of psychiatric reports that are fit for purpose and produced in a timely and consistent fashion to be a key challenge currently. This could be partly addressed by earlier identification and screening at point of arrest, facilitation via expanded CJLD services and information sharing through a CJLD case management approach to reduce duplication. However, these are longer-term and aspirational areas for consideration that require initial work to be undertaken in the short to medium-term if they are to be realised. Therefore, potential issues for consideration in the development of a Service Level Agreement for the provision of psychiatric reports include:

- **Type of Report –** the development of a clear framework or template for those commissioning reports to ensure that the correct type of report is requested.
- **Purpose of Report –** the development of a framework or template to ensure that the individual commissioning the report makes it clear what the purpose of the report is, why it is being commissioned, and what the audience needs to obtain from it.
- **Standardised Structure –** there is potential to develop a standard structure reports with an 'Executive Summary' style section containing recommendations at the front and further detail in the body of the document for the reader to refer to if necessary.
- **Length –** there may be potential to limit the length of reports to a maximum of 8-10 pages. This requires careful and detailed consideration to ensure that this does not increase risks if psychiatrists are limited in their scope to raise key issues.
- **Fixed Costs –** there is potential to fix the fee paid for reports on a pan-London basis. In the case of Magistrates Courts this would reduce pressure on internal budgets and in the case of Crown Courts may reduce the time taken in seeking funding approvals from the Legal Services Commission by the defence.
- **Funding Approval –** for Crown Courts there is potential to reduce the time taken to obtain prior authorisation of funding for reports through negotiation with the Legal Services Commission to provide these in a timely way.
- **Commissioning of Reports –** the development of CJLD services offers potential for the establishment of a central point of contact through which reports can be commissioned on a pan-London basis. This would support the standardisation of document style, length and fees paid through the establishment of a central pool of psychiatrists able to serve this structure.

8. Information Sharing

5.17 A lack of horizontal information sharing across the offender pathway is a key finding of this research study. The lack of transfer of psychiatric reports and other information between agencies involved presents clear blockages to the efficient delivery of the justice system for this target group and has a range of implications for both the offender and the systems. If addressed, this can significantly reduce duplication, costs and inefficiency in the system.

5.18 There is potential to develop a localised central point of contact to facilitate the more effective and responsive sharing of information between agencies and this is a key consideration. The potential to use CJLD services, or clusters of, as the enabler for this via a case management approach is one important area to be explored. However, linked to training below, a clearly defined framework for roles and responsibilities in relation to information sharing combined with an awareness raising programme would be beneficial.

9. Awareness Raising

5.19 The study has provided clear evidence that there is a lack of knowledge and awareness across the Criminal Justice System of mental health and learning disability, the interventions and services that are available to address it, and its impact on offending behaviours. A key area of consideration is therefore the development of multi-agency training which would raise awareness of provision and in tandem generate improved partnership working. This could potentially be delivered by any expanded CJLD service, as the evidence shows that these services play a current role in training delivery.

5.20 Furthermore, despite the existence of pockets of good practice, there is a need for criminal justice agencies, most notably the Police and Probation Services, to continue to develop and more effectively co-ordinate existing links with community and voluntary sector service providers to enable signposting to occur. The third sector has an important role to play in delivering services to the target groups and improved partnership working with both these agencies and further expanded CJLD schemes would be highly beneficial in the development of structured referral pathways.

10. Training Provision

5.21 The study has shown that there is a significant difference between training and awareness raising required for criminal justice practitioners in relation to mental health and learning disabilities. While generic awareness raising is required for all stakeholders, it is evident that

training requirements vary considerably and must be specific to the technical demands of an individual's role and responsibility within the system.

5.22 Consideration should be given to how the delivery of appropriate training can be facilitated through the provision of appropriate resources, both financially and in-kind. The specific needs of different groups in the system must also be met through consideration of how training in this area may be incorporated within existing training in a cost-effective way. This must therefore be underpinned by a detailed gap analysis to identify available provision prior to the development of any new activities.

11. Service User Involvement

5.23 The study has identified the need to understand, and respond to, the first-hand experience of service users within the Criminal Justice System. Consultations with service user group has highlighted the need for:

- Enhanced explanation of the criminal justice process;
- Improved communication of information in a format that is clearer for people to understand;
- Availability of emotional support at police stations and court; and
- Service users to be involved in training and awareness raising for practitioners.

12. Victims and witnesses

5.24 Victims and witnesses of crime are an important consideration in relation to their mental health and learning disability needs. The study has provided evidence that these needs are currently overlooked too frequently and that it is the responsibility of the CPS and Witness Support Service to ensure that they are met. There is potential to consider increased linkages between CJLD schemes and these agencies so that CJLD can act as a forum or a signposting mechanism to meet their needs. In addition, it is clear that the implementation of relatively simple measures within the courtroom, for example the use of screens, live video links and/or lapel microphones, would also assist the experience of these groups. Finally, victims can provide a useful perspective on offenders at the early pre-trial stage of criminal justice proceedings that should not be underestimated.

13. Increased use of the Third Sector

5.25 The LOHPB should consider using the policy levers within Strategic Commissioning to raise the standard of provider provision and encourage partnership delivery between the statutory and Third Sector, particularly BME Third Sector groups.

APPENDIX A

LONDON CRIMINAL JUSTICE LIAISON & DIVERSION MAPPING

CJLD Service Mapping Report

NHS London

April 2010

CONTENTS

1. INTRODUCTION

1.1 The London Offender Health Partnership Board (LOHPB) in partnership with HMCS London, the London Criminal Justice Board, London Probation Service and other key stakeholders have commissioned a project to map the current provision of Criminal Justice Liaison & Diversion (CJLD) services across the London region. This survey has been commissioned in order to map current CJLD provision across the London region, identify common themes and identify any gaps. A further survey supplemented by a number of focus groups has also been conducted to incorporate the views of important stakeholder groups working within Magistrates and Crown Courts in London.

1.2 The survey took place during January and February 2010. A total of 25 services responded to the survey from across London. This report explores a number of themes regarding the services provided, their operational requirements and challenges in delivering liaison and diversion services. The remainder of the report is structured as follows:

- Service Mapping
- Funding
- Facilities
- Staffing and Training
- Governance
- Access
- Reports
- Liaison and Signposting
- Accessing Beds
- Monitoring and Data Collection
- Conclusions

1.3 The services that responded to the survey can be grouped in to the following three types of delivery models: Mental Health NHS Trust led, Forensic service led and services delivered by the mental health charity Together commissioned by London Probation Service. Of the 25 Services surveyed, 15 are delivered by a Mental Health NHS Trust led model, 9 are delivered by Together and 1 service is led by a Forensic Service. The different types of service models should be considered when interpreting this survey as the formality of commissioning

agreements, whether there is a Service Level Agreement in place and level of resource committed to each of the models, will impact on experiences of each individual service.

1.4 Appendix I contains summaries for each individual service that responded to the questionnaire. The summaries contain individual information regarding contact names, staffing requirements and governance and funding arrangements.

2. SERVICE MAPPING

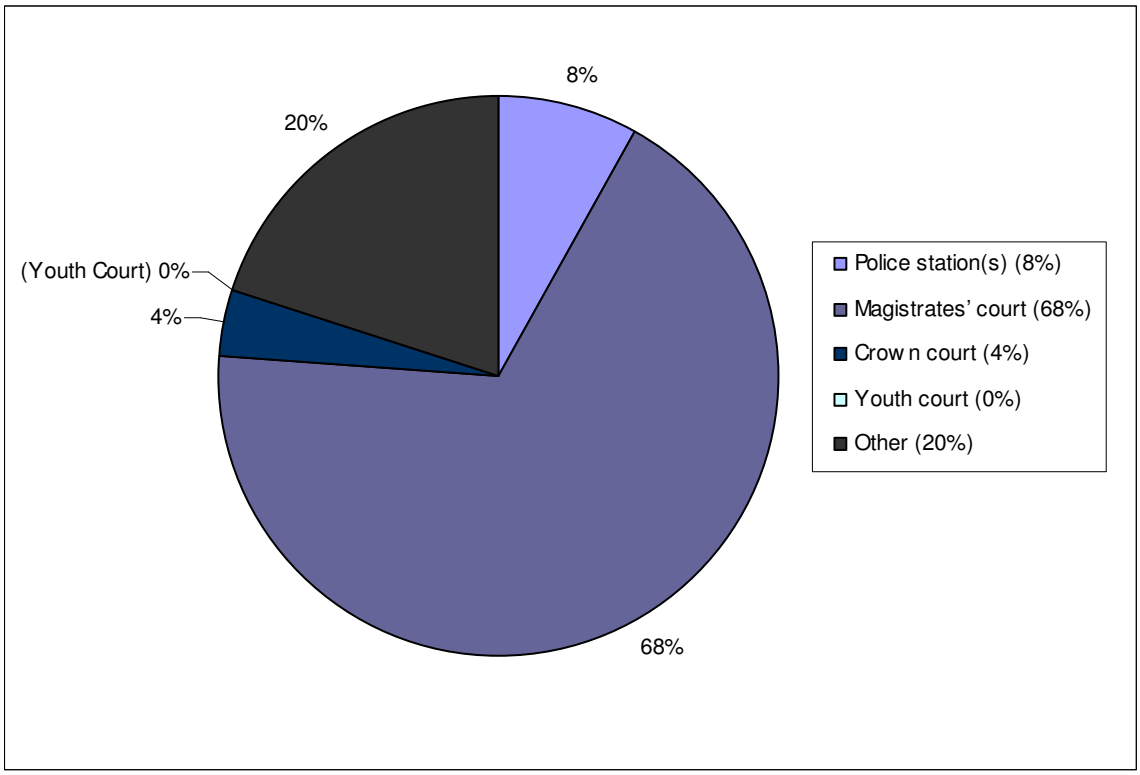
2.1 This section asked CJLD services to give an indication of their core functions and where they are delivered across London. The box below provides a headline summary of this section.

Service Mapping

- The majority of CJLD services surveyed routinely deliver in Magistrates' courts. All of the services surveyed facilitate access to mental health services and the majority perform assessments, provide reports and liaise and exchange information. The operational hours of the services vary considerably, ranging from 9-5 five days a week to one weekday morning a week.
- There are no services operating at Youth Courts. This may create additional pressures for CJLD adult services as there is no youth specific service.
- Figure 4 provides a summary of the CJLD services surveyed including where they operate and within which PCT and local authority.

2.2 Figure 1 indicates which criminal justice agencies the services routinely deliver to. The majority (68%) deliver at Magistrates Courts, followed by Police Stations (8%) and Crown Courts (4%). The services that responded to 'other' deliver at a combination of locations, including some prisons. There is no provision of CJLD services at Youth courts. Whilst some under 18 defendants may access adolescent services it may also create additional pressure for existing CJLD adult services.

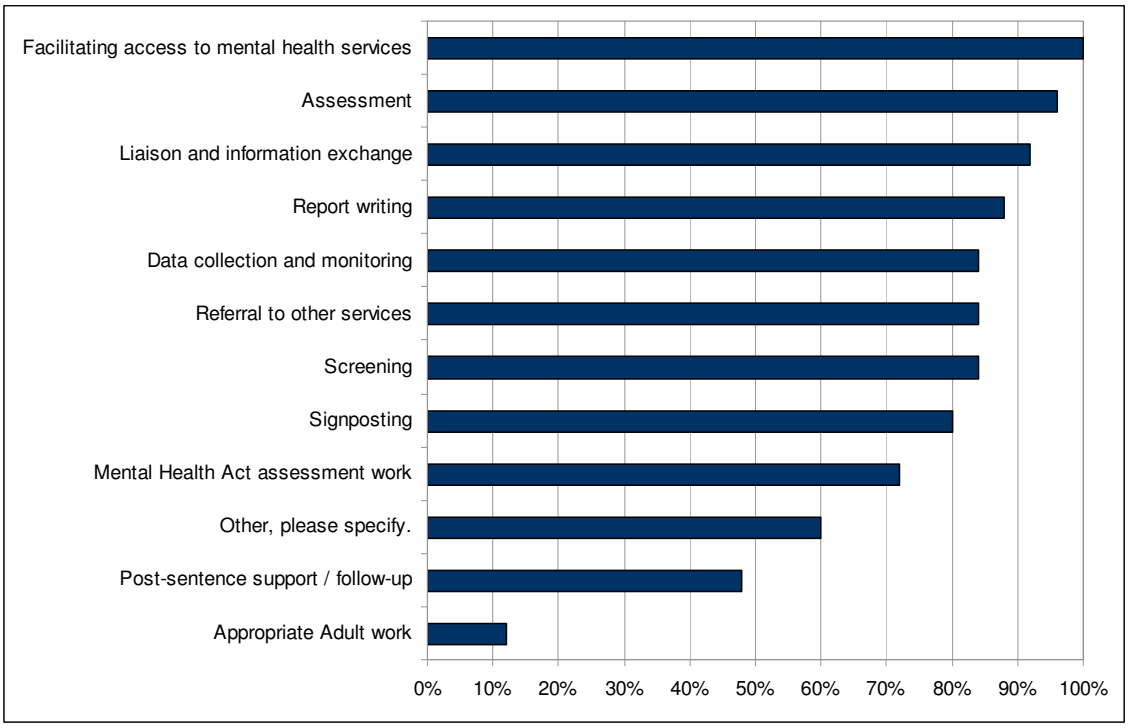
Figure 1: Where do you deliver your service?



2.3 Figure 2 indicates the core functions provided by the CJLD services surveyed. All services facilitate access to mental health services and the majority of services provide assessments (96%), liaison and information exchange (92%) and reports (88%). Less than half of the services surveyed provide post sentence support and/or follow-up and appropriate adult work. The following quotes provides a summary of responses for other core functions of the services:

- "Mental Health Assessments to assist Probation Services to provide a more appropriate sentence option."
- "The practitioner also delivers training to Criminal Justice agencies. In relation to the Mental Health Act assessment work, the role of the practitioner is to co-ordinate local services to undertake the assessment following identification of a need from the initial screening report."
- "In terms of the Mental Health Act work, the practitioner initiates the referral and co-ordinates the relevant team to attend court to undertake Mental Health Act assessments."

Figure 2: What are the core functions of your service?



2.4 The survey shows that there is a large variation in terms of when services are delivered. None of the services currently provide a 24 hour a day 7 day a week service. This is to be expected considering that most of the services surveyed are attached to Magistrate or Crown Courts that generally operate form 9-5. 16% deliver the service during office hours and 32% deliver during weekday mornings only. The majority (52%) of services stated that their delivery hours were on a variety of days for differing times[1]. 79% of services stated that there are no cover arrangements for outside of their stated operating hours. The following gives an example of delivery hours:

- "Admin available five days per week. The mental health team is available Tuesdays and Thursdays 10-17."
- "Tuesday's 9 to 5 but can be flexible to meet needs. In the event that an urgent assessment is required at Court or within the Police Station then there is a Consultant Psychiatrist on-call service."
- "Wednesday 0900 till 1700."

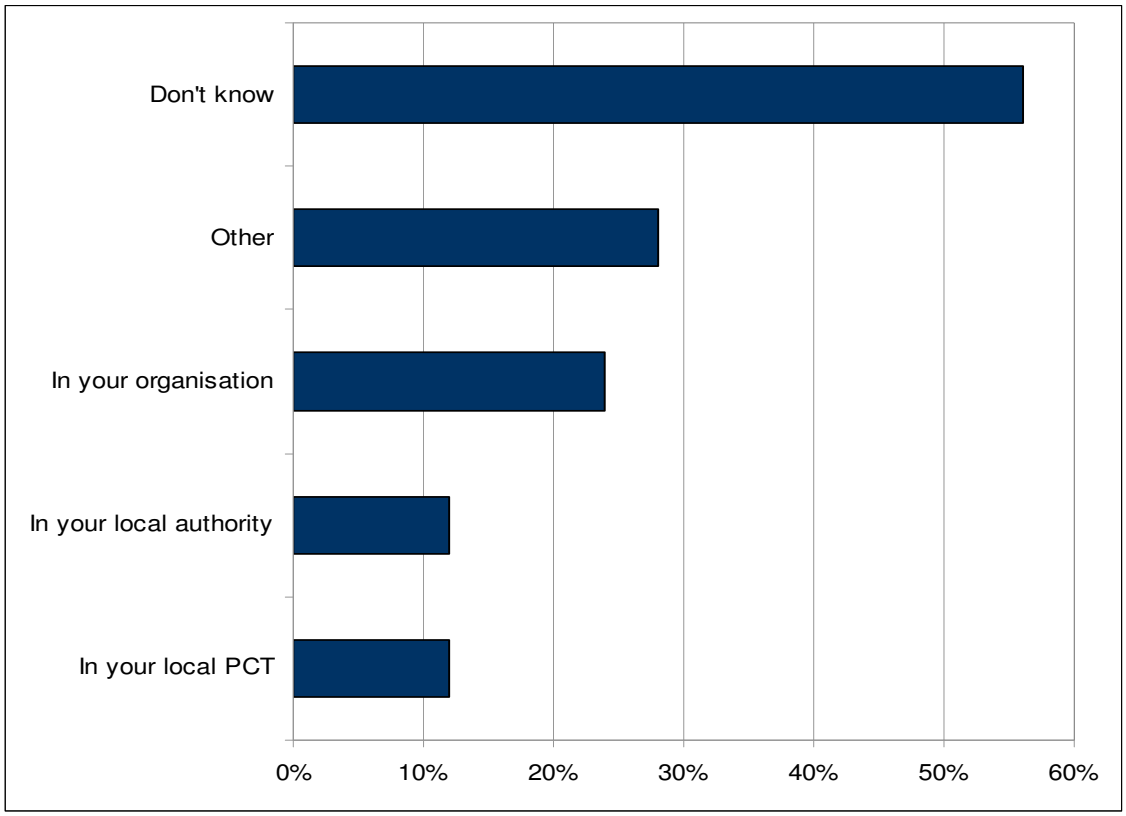
2.5 Half of the CJLD services have an operational group to support their service. The following sample of quotes provides further information about how often the operational groups meet:

[1] Full details can be found in the individual service summaries in Appendix I.

- "Once every two months - representation involves London Probation Service, HMCS, LOHP, local court reps (DJ and Legal Advisor), MPS, Together, LA, and East London MH Trust."
- "The group meets every six months and reviews the scheme. There is representation from court, diversion scheme and Probation Services."
- "Held bi-monthly. Mental Health, Low Secure and Medium Secure services, Courts, Police, Probation Service, PCT, and Prison are represented."
- "The service is reviewed through contract review procedures including key stakeholders but does not meet regularly enough to be defined as an operational group."
- "There is a quarterly contract review meeting but it has been agreed that all stakeholders are represented so that it can also consider operational issues and service development. Stakeholders are represented by the PCT, London Probation Service, HMCS and the local Mental Health Trust."

2.6 Figure 3 indicates if the CJLD services are aware of a local strategy within a variety of agencies for working with offenders or those within the Criminal Justice System. The majority (56%) are unaware of any local strategies, either in their own organisation, local PCT or local authority. 79% of services are also unaware of who represents health on the local borough Crime and Disorder Reduction Partnership.

Figure 3: Are you aware of a local strategy for working with offenders in any of the following organisations?



2.7 Figure 4, below, provides a summary of the CJLD services surveyed including where they operate and within which PCT and local authority.

Figure 4: Criminal Justice Liaison and Diversion Service provision across London

Service	Service Provision	PCT	Local Authority	Funding	Service Availability
South London and Maudsley NHS Foundation Trust	HM Prison Brixton and Camberwell Green Magistrates Court	Lambeth PCT	Lambeth	Staff are presently 'borrowed' from the local prison in-reach team and nearby trust services	Tuesday's 9am to 5pm but can be flexible to meet needs. In the event that an urgent assessment is required at Court or within the Police Station then there is a Consultant Psychiatrist on Call service.
Central and North West London NHS Foundation Trust	Magistrates Court	Kensington & Chelsea Primary Care Trust and Hammersmith & Fulham Primary Care Trust	Kensington & Chelsea and Hammersmith & Fulham	£108,000	During office hours
North London Forensic Service	Police station(s)	Camden & Haringey	London Borough of Camden. London Borough of Haringey		Court diversion schemes are operational in two courts one day of each week. Police liaison schemes are operational from 9am to 9pm in two London Boroughs Mon-Friday
Together (Kingston and Richmond)	Richmond and Kingston Magistrates Court	n/a	Kingston and Richmond	£60,000	Kingston Magistrates Court Mondays and Wednesdays 9am-1pm Richmond Magistrates Court Tuesdays and Thursdays 9am - 1pm
Together (Camden & Islington)	Highbury Corner Magistrates Court	n/a	Camden & Islington	£60,000	Weekday mornings
Together (LBTH / LB Hackney)	Women's Court Liaison and Outreach project (Thames Magistrates Court)	n/a	LBTH / LB Hackney	£60,000	Weekday mornings

Service	Service Provision	PCT	Local Authority	Funding	Service Availability
Harrow Mentally Disordered Offenders Team	Police Stations/ Magistrates Court/ Crown Court (Harrow) Community follow-up Prison High, Medium and Low Secure Services	NHS Harrow/ Harrow PCT	London Borough of Harrow	£150k p/a. Increased for one year pilot to £270k for one year.A/A- one year funding post PCT bid.	During office hours
South West London and St George's Mental Health NHS Trust	Wimledon Magistrates Court	Kingston		£25,000	Wednesday 0900 till 1700.
CNWL Foundation Trust	Charing Cross and Belgravia Police station	Westminster PCT	Westminster	-	During office hours
Court Diversion Scheme, Wandsworth- South West London and St George's Mental Health NHS Trust	South Western Magistrates Court	Wandsworth PCT	London Borough of Wandsworth	-	Tuesday- 9am-5pm
CNWL Mental Health Foundation NHS Trust	Brent Magistrates Court	This service is not a commissioned service	Brent	£35,000	Thursday 09:00 - 13:00
South London and Maudsley NHS Foundation Trust	Croydon Magistrates Court	NHS Croydon	London Borough of Croydon	£12,000	Tuesday 9.30am - 12.30pm (excluding public holidays). Additional times may be negotiated under exceptional circumstances.

Service	Service Provision	PCT	Local Authority	Funding	Service Availability
Together (Enfield)	Enfield Magistrates Court	Enfield	Enfield	£60,000	Monday, Tuesday, Thursday and Friday 9am - 1pm
Together (Southwark)	Camberwell Green Magistrates Court	Southwark	Southwark	£60,000	Weekday mornings
Together (Hackney and Tower Hamlets)	Thames Magistrates Court	Hackney PCT / Tower Hamlets PCT	Hackney and Tower Hamlets	£60,000	Weekday mornings
Together (Hounslow)	Hounslow Magistrates Court	Hounslow	Hounslow	£60,000	Weekday mornings
Together (Ealing)	Ealing Magistrates Court	Ealing PCT	Ealing	£60,000	Weekday mornings
East London NHS Foundation Trust	Magistrates Court	Tower Hamlets PCT		-	Wednesday mornings (and possibly expanding to Monday mornings as well)
East London Foundation Trust	Stratford Magistrates Court	Newham PCT	Newham LA	-	Friday 9-5
Central and North West London NHS Foundation Trust	Uxbridge Magistrates Court and Heathrow, West Drayton & Uxbridge Police Stations	Hillingdon PCT	London Borough of Hillingdon	-	No cover arrangements for out of hours or annual leave for the nurse providing service
Central and Northwest London NHS Foundation Trust	Central Criminal Court	NHS London & HMCS	None	£120,000	During office hours

Service	Service Provision	PCT	Local Authority	Funding	Service Availability
Together	Stratford Magistrates Court	Commissioned by London Probation Service through MoJ Impact Programme (one year funding)	Newham	£60,000	Weekday mornings
Westminster City Council	Horseferry Road Magistrates Court	Westminster PCT/ Kensington and Chelsea PCT	City of Westminster	-	Admin available 5 days per week. the mental health team are avilable Tuesdays and Thursdays 10-17.
Oxleas NHS Trust, The Bracton Centre	Magistrates Court	We cover four Magistrates Courts, Tower Bridge (Southwark PCT), Greenwich (Greenwich PCT), Bexley (Bexley PCT) and Bromley (Bromley). They all fall within different PCT's	Southwark, Bexley, Bromley, Greenwich.	-	Weekday mornings

3. FUNDING

3.1 CJLD services were asked to comment on how their service is funded, whether it has been formally commissioned and if a Service Level Agreement (SLA) is in place. This section assesses how formalised the provision of CJLD services are across London. The box below provides a headline summary of this section.

Funding

- Local PCTs are directly involved in commissioning 48% of services surveyed. Unless the service isn't commissioned at all the most common commissioning agencies stated are London Probation Service and the Ministry of Justice IMPACT Programme (via London Probation). Annual budgets are in place for 50% of the services and the budgets range from £12,000 to £120,000.

3.2 48% stated that the local PCT is directly involved in commissioning their service. Where the PCT is not involved, the most common agencies involved in commissioning are London Probation Service and the Ministry of Justice IMPACT Programme (via London Probation Service). Alternatively, some services are not commissioned at all. The outcomes are similarly varied regarding SLAs; half of the services are supported by a contract or SLA and half are not. SLAs and contracts are typically of one year unless the contract is with London Probation Service, where the contract is often for three years.

3.3 56% of services surveyed have an annual budget allocation for their services. Annual budgets reported range from £12,000 to £120,000; the budget differs according to the hours of provision and number of staff allocated to the service[2]. Some of the services that do not have allocated budgets found it difficult to estimate approximate budgets. The following quotes provide a summary of qualitative responses from those who were unsure of their budget requirements:

- "Staff are presently 'borrowed' from the local prison in-reach team and nearby trust services."
- "We are in the process of trying to secure further funding for the project."
- "The consultant psychiatrist is funded by the PCT. The nurse is from the trust's nursing budget."

[2] Full details can be found in the individual service summaries in Appendix I.

- "The service operates in an ad hoc manner utilising a small amount of consultant time, 1-2 junior medical doctors who are doing a special interest session, a small amount of admin input from my secretary, and resources from the court."

4. FACILITIES

4.1 The CJLD services were asked to comment on the adequacy of the facilities where they deliver in terms of office and interview space, IT facilities, and access to information systems. The box below provides a headline summary of this section.

Facilities

- The services have experienced a varying level of standards with respect to facilities and interview space. 60% of service providers agree that sometimes the current provision of facilities prevent them from delivering aspects of their service.

4.2 20% stated that their office space was not of an adequate standard, 20% found that the office space was of an adequate standard and the majority (60%) stated that sometimes the office space was adequate and that it depended on the circumstances on the day. The following quotes indicates the variable standard of office space to deliver services:

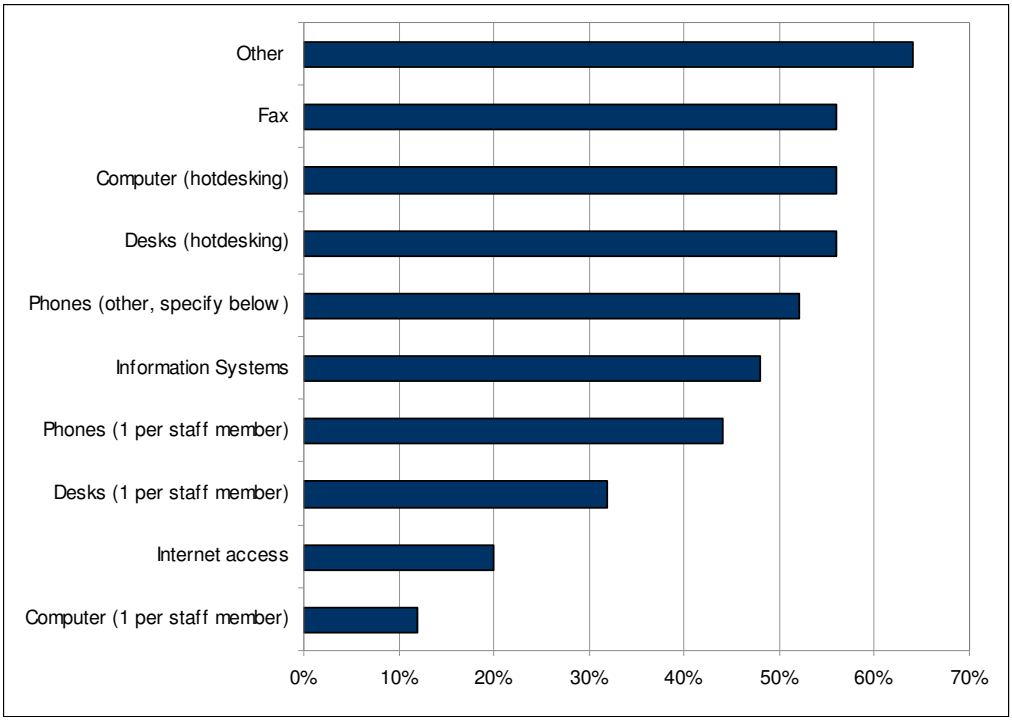
- "The practitioner has access to office facilities in the probation office adjacent to the court house, although this adds time delays for writing up reports etc."
- "There is an office, but it is inadequate."
- "We are provided with an office but confidentiality is an issue as we share with other court staff and we have no access to phone, computer and relevant office tools."
- "The practitioner generally has to complete written reports whilst leaning on his knees as there are no desk facilities."

4.3 Respondents were asked to comment whether they had adequate interview space to conduct confidential assessments with defendants or clients. 44% always or almost always have adequate interview space, 40% sometimes do and 16% rarely or never do. The following quotes expand upon respondents experiences:

- "We see clients in custody, using their interview room. Sometimes we see clients on bail but we can have difficulty locating a safe and confidential room a lot of times."
- "A delay occurs sometimes if the Court is very busy and counsel needs access to the one available room."
- "Limited interview space particularly for bail cases."

4.4 Figure 5, below, indicates the facilities that are made available to practitioners at the sites where the service is delivered. Where a respondent has stated 'Other' the most common facility that the practitioner made use of is their own mobile phone. The facilities that are most likely to be made available at the site of service delivery include a fax machine, a computer via hotdesking and a desk via hotdesking.

Figure 5: What facilities are made available for practitioners at the site where the CJLD Service is delivered?

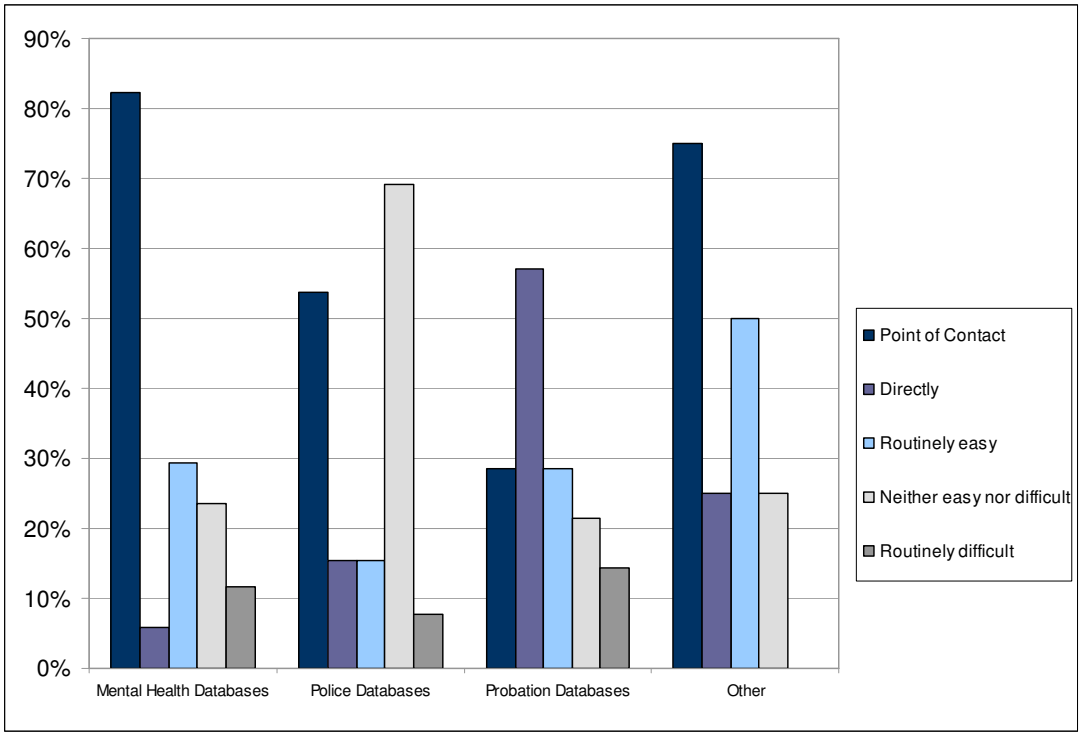


4.5 Figure 6, below, indicates how accessible information systems are from a variety of agencies. Those that responded stated that they had access to the information systems illustrated in Figure 5, above. The majority of practitioners (82%) have access to a point of contact for mental health databases. The majority of respondents (69%) found it neither easy nor difficult in accessing police databases and the majority of respondents (57%) had direct contact with Probation Service databases. The following quotes provide an indication of other sources of information that CJLD practitioners use:

- "Practitioners do not have direct access to police databases but they do have access to Prisoner Escort Records for those coming into the court from police custody and if the person is under probation supervision they may be able to get access to MG16 information."
- "Our main database is the mental health computerised records. The Probation Officer will also give information if we require it."

- "I have access to JADE database but I have not had any clients who have been put on JADE since it's a new system. Access to RIO & EPEX is very lengthy and time wasting to get the information. Staff are not aware of the immediate need to provide the information when it is asked for urgently. Clerical staff need to be routinely informed. Confidentiality issues tend to be at the forefront for not providing the information as described in Lord Bradley Report, sadly, this delay is what causes the defendants to be sent into custody due to lack of information."

Figure 6: How easy is it to access information systems from the following agencies?



4.6 60% of service provides agree that sometimes the current provision of facilities prevents them from delivering aspects of their service. Only 4% think that this is always the case and 36% do not think that facilities prevent them from delivering their service. The following quotes provide a range of issues identified and suggested improvements that could be made to enable better service provision:

- "Better interview facilities, including for both remand and bail cases."
- "Communication issues among partner trusts. I am commissioned to provide a service for the local boroughs yet I have to explain who I am and this process is lengthy and time wasting especially in the court service where I can be dealing with several cases at one time .... Separate computer, desk, telephone line and answer service should be critical in this environment."

- “More office space, more appropriate interview space. Access to PAS systems. Filing space. No allocated space to interview others e.g family/ carers.”
- “Direct access to the SLAM Patient database (ePJS); improved office accommodation (with a window); more IT equipment and flexible administration support.”

5. STAFFING AND TRAINING

5.1 This section summarises the analysis of the section of the survey that asks services to comment on their staff and training needs and obligations. The box below provides a headline summary of this section.

Staffing and training

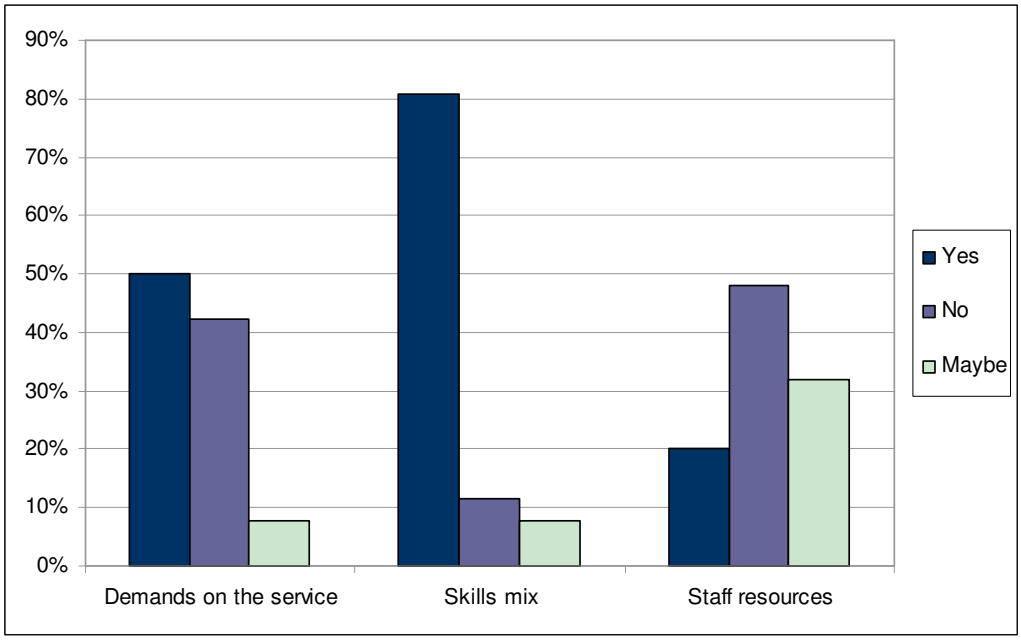
- The majority of services believe that they have the right skills mix to deliver the service but that they are hindered by limited resource. There is no consensus amongst providers on whether they have the right resources to meet demand.
- There are differing levels of formality with respect to training packages across the services and the majority of services' staff are most likely to routinely receive training on the Mental Health Act 1983 (amended 2007).
- If services are to receive training from other criminal justice agencies it is most likely to be delivered by the Probation Service. CJLD service providers are most likely to deliver training to Probation and court staff.

5.2 Figure 7 indicates that the majority of service providers feel that they have the right skills mix (81%) to deliver the service. However, 48% of respondents stated that they are hindered by limited staff resources[3]. 50% of respondents believe that they have the right resources to meet demand. However, 42% of service providers believe that this was not the case, indicating a varying level of strain on service provision. The following provides a range of comments from respondents in relation to resources:

- "Demand for the service sometimes outstrips capacity. We also have very limited cover for staff absences."
- "More staffing resources would enable extended coverage in terms of hours."
- "It is virtually impossible to DIVERT somebody to hospital due to our limitations. If we feel somebody needs urgent hospitalisation, we are unable to undertake a full MHA Assessment the same day and divert the person to hospital. Usually, clients get sent back to either custody or on bail and there are steps taken for hospital orders that follow."

[3] Please see specific staffing arrangements in the individual service summaries in Appendix I.

Figure 7: Do you have the right resources to deliver the core functions of the service in terms of the following?



5.3 44% of services have a formal package of training at induction and 16% have a formal induction with more ad hoc training. 32% of services have organisational training available but this is not necessarily specific to criminal justice liaison and diversion work. The remaining services (28%) expect staff to learn as they go along without any formal induction or training process. The following quotes provide more information on the types of training provided, if at all:

- "The practitioner undergoes a structured two-week assessment including shadowing other experienced court practitioners from within the service, instruction into operational practice and has a copy of the operational manual for the service."
- "There is no specific criminal justice induction package, but other training is available within the prison and Trust. Ad hoc training also takes place."
- "All staff receive the CNWL Induction Training, however there is no formal set-up for the training of new staff. If the service receives funding to increase the establishment then a formal programme of training will be set up."

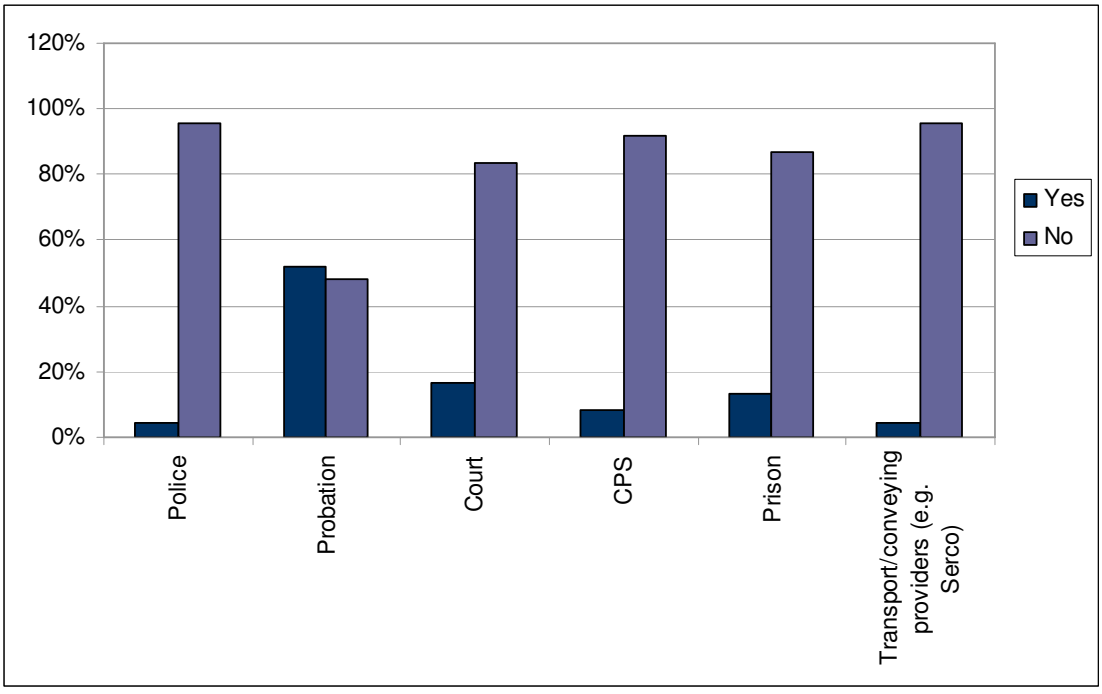
5.4 Figure 8 indicates the proportion of service providers whose staff are routinely trained in specific areas. Staff are most likely to be routinely trained on the Mental Health Act 1983 (amended 2007) and are least likely to be routinely trained on the Police and Criminal Evidence Act 1984.

Figure 8: What areas do your staff routinely receive training on?

Training area	Proportion of providers
Mental Health Act 1983 (amended 2007)	85%
Recognising/screening for alcohol misuse	69%
Working with Personality Disorder	65%
Recognising/screening for substance misuse	65%
Mental Capacity Act 2005	62%
Information sharing and processing	62%
Use of Community Orders, e.g. Mental Health Treatment requirement	62%
Recognising/screening for learning disability	58%
Court processes and procedures	46%
Probation processes and procedures	46%
Court report writing	46%
Probation Reports	42%
Sentencing guidelines/options	42%
Appropriate Adult Training	31%
Criminal Justice Act 2003	19%
Police processes and procedures	15%
Fitness to Plead reports	15%
Other, please specify	15%
Police and Criminal Evidence Act 1984	12%

5.5 Figure 9 indicates that the majority of staff within CJLD services are unlikely to receive training from other criminal justice agencies or services with the exception of the Probation Service where 52% of service providers' staff have received training.

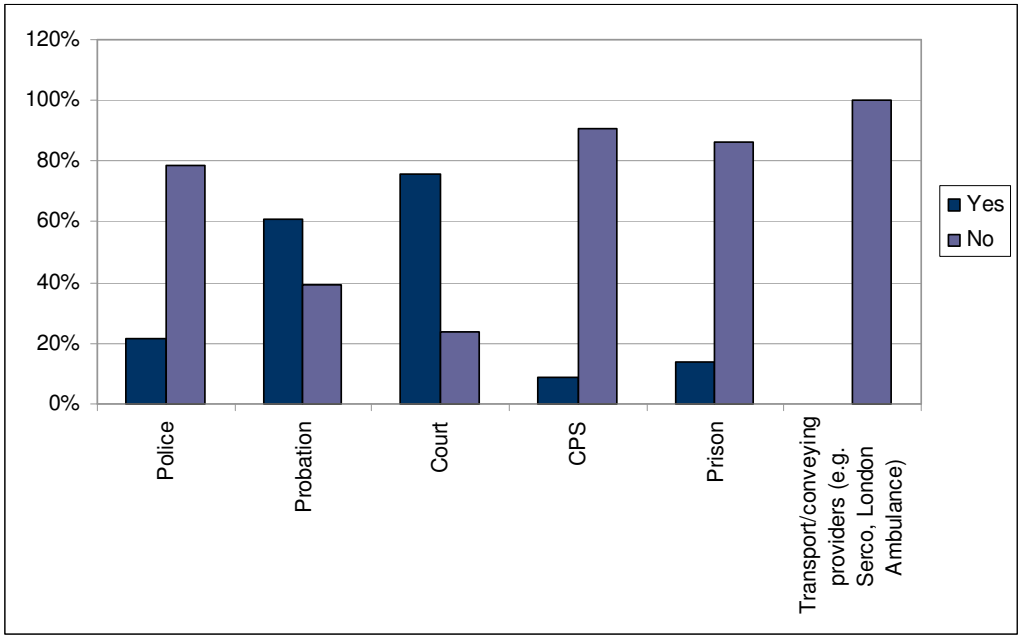
Figure 9: Do your staff receive any training from other agencies?



5.6 Figure 10 illustrates whether service providers deliver training to staff in other criminal justice agencies or services. CJLD service providers are most likely to deliver training to probation (61%) and court staff (73%). The following quotes provide further details on the training delivered:

- "Delivering training to London Probation Service staff is formally part of the core contract. Training provided is based on a local training needs analysis and is provided on a rolling programme basis on topics such as crisis management, general mental health awareness, personality disorder, CPA."
- "We deliver training to mainstream Mental Health Services on Forensic Mental Health and Domestic Violence."
- "Successful training to Justices on metal health and the Criminal Justice Service in December 2009. Hoping to deliver some training to Serco staff on mental health awareness."

Figure 10: Do you deliver any training to staff from other agencies?



5.7 The following summary highlights a variety of quotes form service providers relating to training:

- "We have tried to offer training to custody staff at court (Serco) but it has been difficult to arrange. We are now in the process of completing a mental health guide for criminal justice professionals to support their work around offenders / defendants with mental health needs."

- "There is a clear need for training in sentencing but this is a complex area."
- "Training for sentencers has been key not only in raising mental health awareness but in terms of the benefits of using the court liaison service."
- "MPS custody staff find it difficult to be released to attend external venues for training."

6. GOVERNANCE

6.1 This section outlines the findings of the survey with respect to CJLD services governance structures. The box below provides a headline summary of this section.

Governance

- CJLD Services report service activity levels to a variety of commissioning bodies and stakeholders and the majority of services have a form of clinical governance groups or protocols that support and review clinical practice in place.

6.2 The CJLD services surveyed report service activity levels to a variety of commissioning bodies and stakeholders. The most commonly cited agencies include London Probation Service, HMCS and a variety of strategic and operational boards[4].

6.3 72% of services surveyed have a form of clinical governance groups or protocols that support and review clinical practice in place. The following quotes provide examples of clinical groups and protocols that are in place[5]:

- "The service is supported by a clinical governance policy. Staff receive external clinical supervision from a chartered forensic psychologist on a six-weekly basis."
- "Clinical practice is reviewed at strategic meetings and management supervision; this will also be done at clinical supervision."
- "There is an Adult Mental Health Directorate Clinical Governance Group as well as a Clinical Governance Group within the Forensic and Prison Services. Protocols are currently in development."

[4] Full details can be found in the individual service summaries in Appendix I.
[5] Full details can be found in the individual service summaries in Appendix I.

7. ACCESS

7.1 This section explores the level of access provided in relation to referral criteria[6], referral routes and interpreting experienced by services surveyed. The box below provides a headline summary of this section.

Access

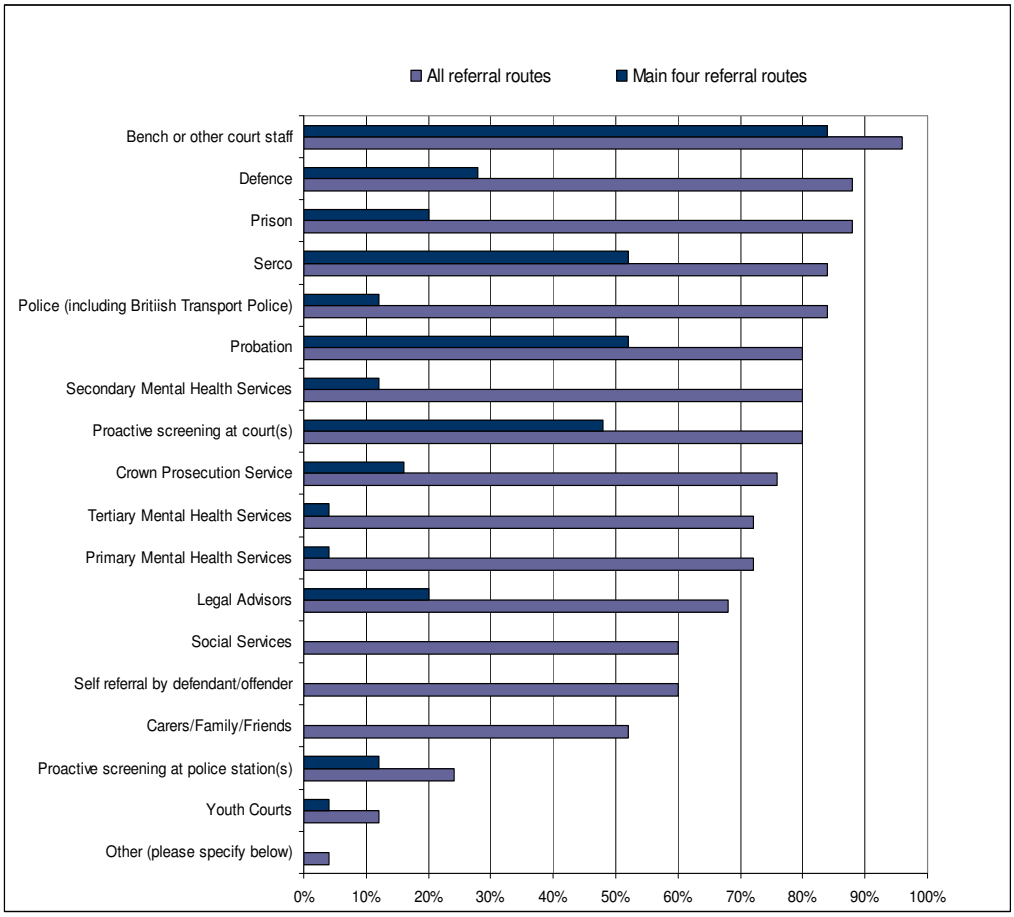
- CJLD Services are most likely to receive referrals from the Bench or other court staff, Probation, Serco and through proactive screening within courts.
- There is significant variation amongst services with regards to the frequency that they routinely access information gathered at the police stage of the process.

7.2 74% stated that there are no exclusions but for those that do not provide a universal service, the groups that are most commonly excluded include under-18s and defendants on bail.

7.3 Figure 11 displays all the agencies or people that services accept referrals from. The majority of agencies receive referrals from the bench or other court staff (96%), Defence (88%), Prison (88%), Serco (84%), Police (84%) and Probation Service (80%). Respondents were asked to indicate the four main agencies that they receive referrals from. 84% stated that they are most likely to receive referrals from the Bench or other court staff. The most common agencies to receive referrals from are Probation Service (52%), Serco (52%) and through proactive screening within courts (48%).

[6] Full details on individual referral criteria can be found I the summaries provided in Appendix I.

Figure 11: Where do you receive referrals from? What are the most common agencies to receive referrals from?



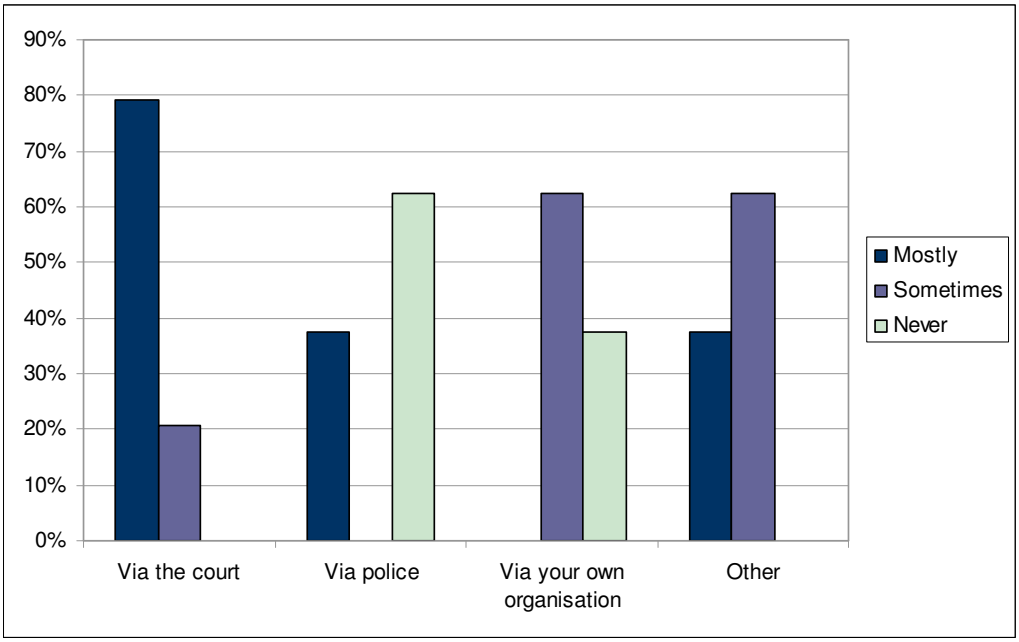
7.4 Services that operate at courts only were asked whether they routinely access information gathered at the police stage of the process. 43.5% responded that they always do so, 43.5% responded that this happened sometimes, and 13% stated that this never happened. Those that did have access to this information were likely to obtain it through Prisoner Escort Records.

7.5 Only three services surveyed operate at Police stations. Two of these services sometimes follow the case through the court process if charges are brought and detention in hospital is not appropriate.

7.6 Figure 12 shows where CJLD services are most likely to access interpreting services from. 79% of services access interpreting services via the courts system, 63% never access services via the police and 63% sometimes access interpreting services through their own organisation. Other services commonly use interpreting services provided through London Probation Service. 92% of services surveyed stated that

difficulties in accessing interpreters only sometimes or rarely caused unacceptable delays in the delivery of liaison or diversion services.

Figure 12: Where do your staff access interpreting services?



8. REPORTS

8.1 This section analyses feedback from CJLD services regarding reports that they provide. The box below provides a headline summary of this section.

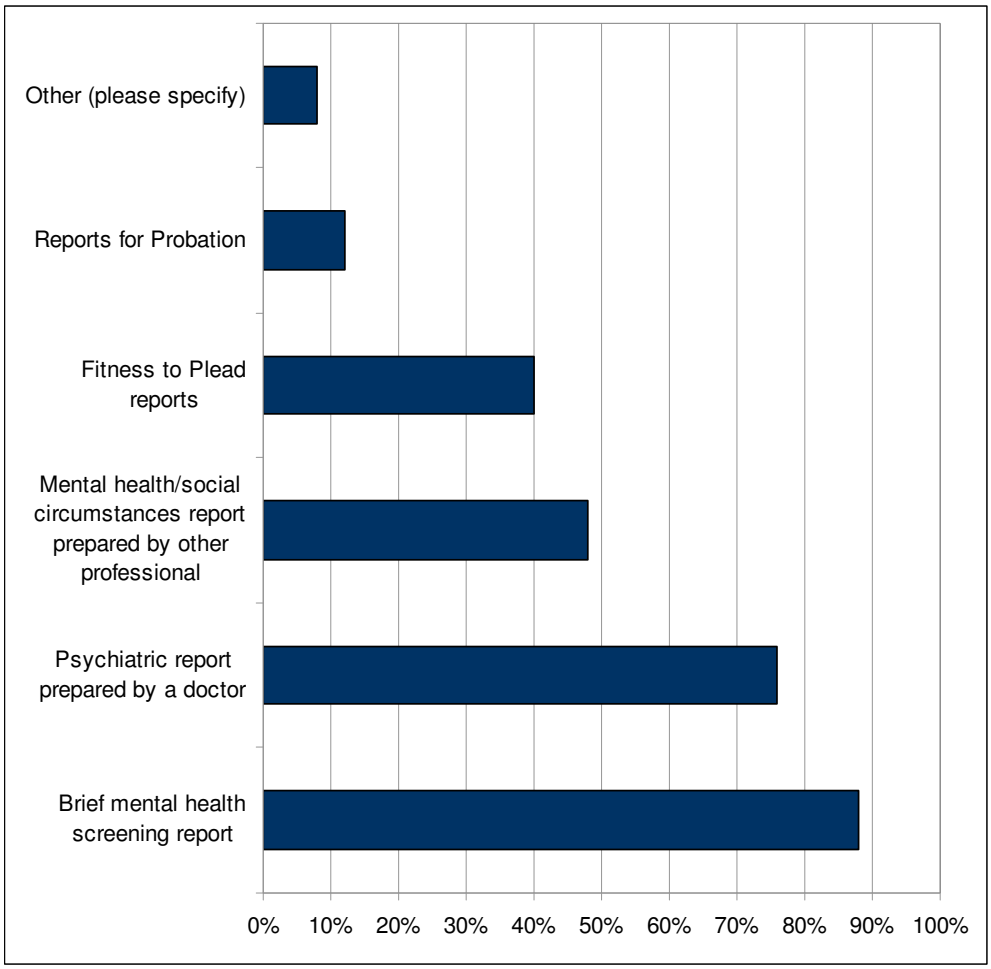
Reports

- The most common type of report provided by CJLD services is a brief mental health screening report; this is provided by nearly 90% of services. 76% of services provide psychiatric reports by a doctor. These reports are routinely shared with the Bench, Prisons, Probation, Crown Prosecution Service, Defence Solicitors and Legal Advisors.
- 40% of services have a clearly defined process for obtaining psychiatric reports prepared by a doctor within their own service. The remaining services either have a process that they adopt from their wider organisation or they have no process in place.

8.2 Figure 13 indicates the different types of report that the services routinely provide. The most common type of report provided is a brief mental health screening report; this is provided by nearly 90% of services. 76% of services provide psychiatric reports by a doctor. Other services provided by CJLD services include the following:

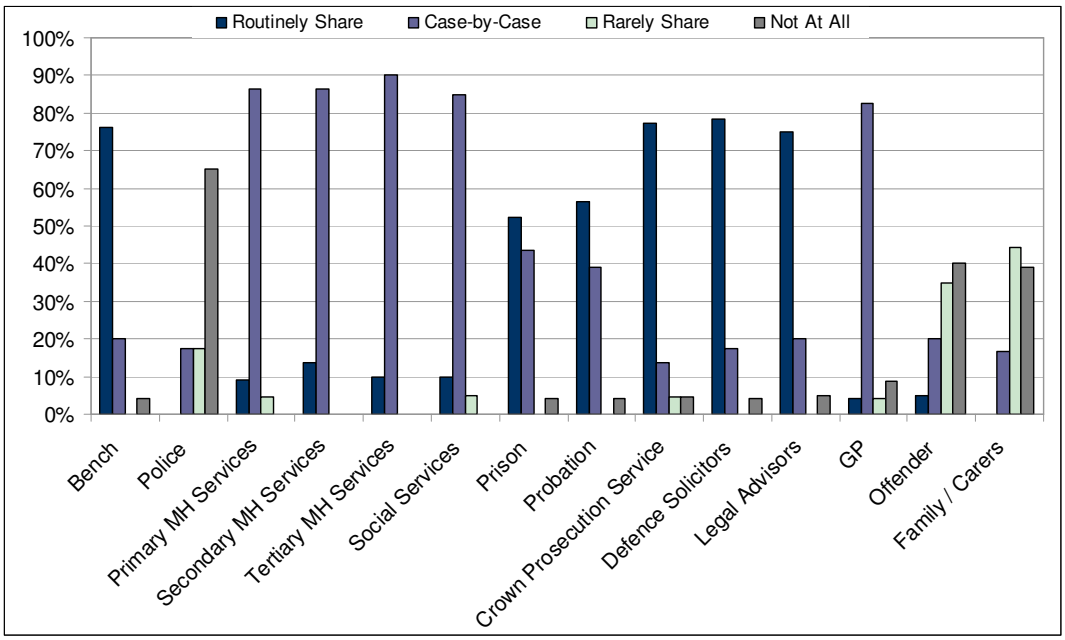
- "Oral evidence is also given in Court."
- "The practitioner provides a first level mental health screening service which includes triaging all court requests for psychiatric reports. If a psychiatric report is recommended, the practitioner co-ordinates the referral on behalf of the court / London Probation Service."
- "Risk assessments, tribunal reports, and parole reports."

Figure 13: What type of reports do you provide?



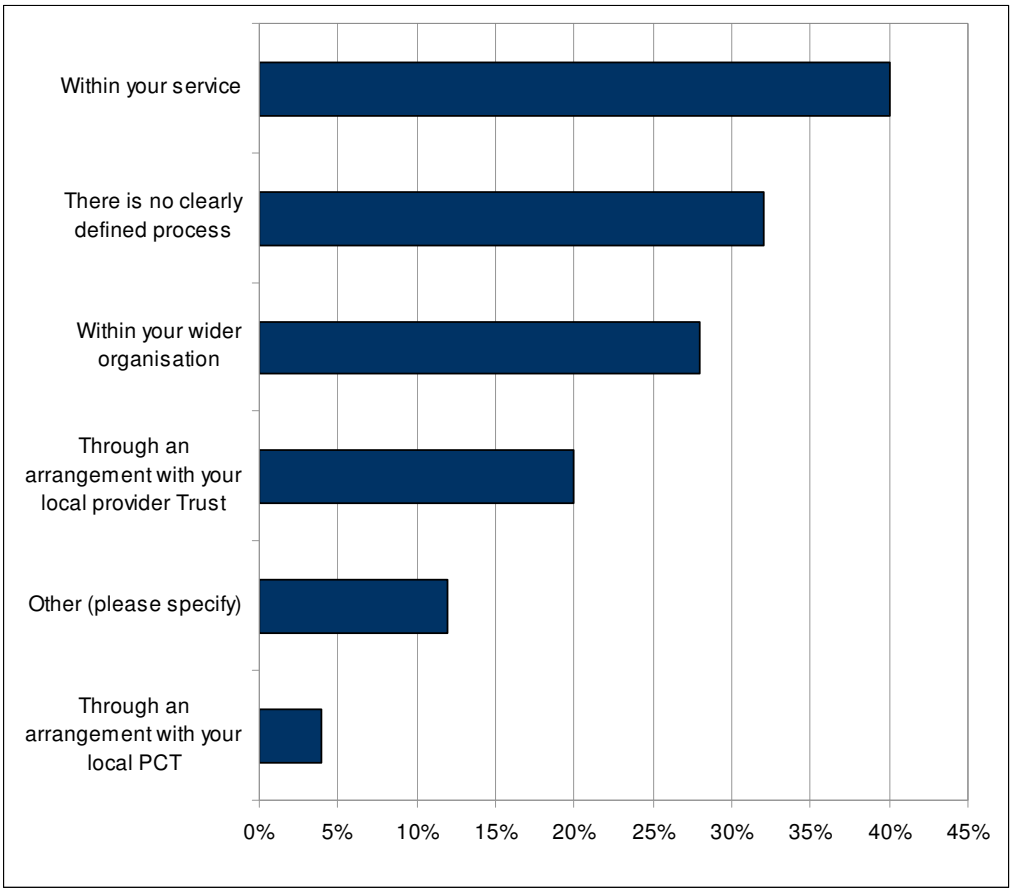
8.3 Figure 14, below, indicates the agencies that receive the reports provided by the services. Reports are routinely shared with the Bench, Prisons, Probation Service, Crown Prosecution Service, Defence Solicitors and Legal Advisors. The other agencies largely receive reports on a case-by-case basis. Reports are rarely or not at all shared with the Police, the offender and family or carers.

Figure 14: Who receives your reports and how often?



8.4 Figure 15, below, shows that 40% of services have a clearly defined process for obtaining psychiatric reports prepared by a doctor within their own service. 32% of services stated that there is no clear process defined for obtaining reports. The remaining services either have an arrangement through their wider organisation (28%), local provider Trust (20%) or local PCT (4%). The remaining services who stated “other” (12%) have more ad hoc informal arrangements in place. Where there is a clearly defined process, one-third of services believe that it works as intended all of the time, one-third say that this is the case frequently, and one-third believe this is the case only sometimes.

Figure 15: Are there clearly defined processes for obtaining psychiatric reports for court?



8.5 The following provides a summary of responses from those services where there is no process for obtaining psychiatric reports in place:

- "We have been working with the NHS Court Diversion scheme at the court in order to facilitate more timely psychiatric assessment when requested by the court. Generally obtaining psychiatric reports is based on establishing good working relationships with local psychiatry."
- "The S12 Approved Doctor is only available for CDS on Tuesdays and is tied with ward duties the rest of the week. Usually, if the client is known to us and an inpatient within the same hospital, the report might be easier to prepare."
- "The main problems are gaining the agreement of a psychiatrist to do the report and getting returned to the court within the adjournment time. In other boroughs we have established a single point of contact with a psychiatrist who then takes responsibility for either completing the report or co-ordinating with colleagues."
- "If a client is on bail and a psychiatric report is needed the delay is when the defendant doesn't have a GP, this tends to be a bit difficult because it goes through the Probation Service making the application for a psychiatric report.

Where a defendant is not in contact with a GP, a report could be written for the defendant with suggested options for the commissioning Trust or service provider trust with a billing option being sent to the responsible Trust."

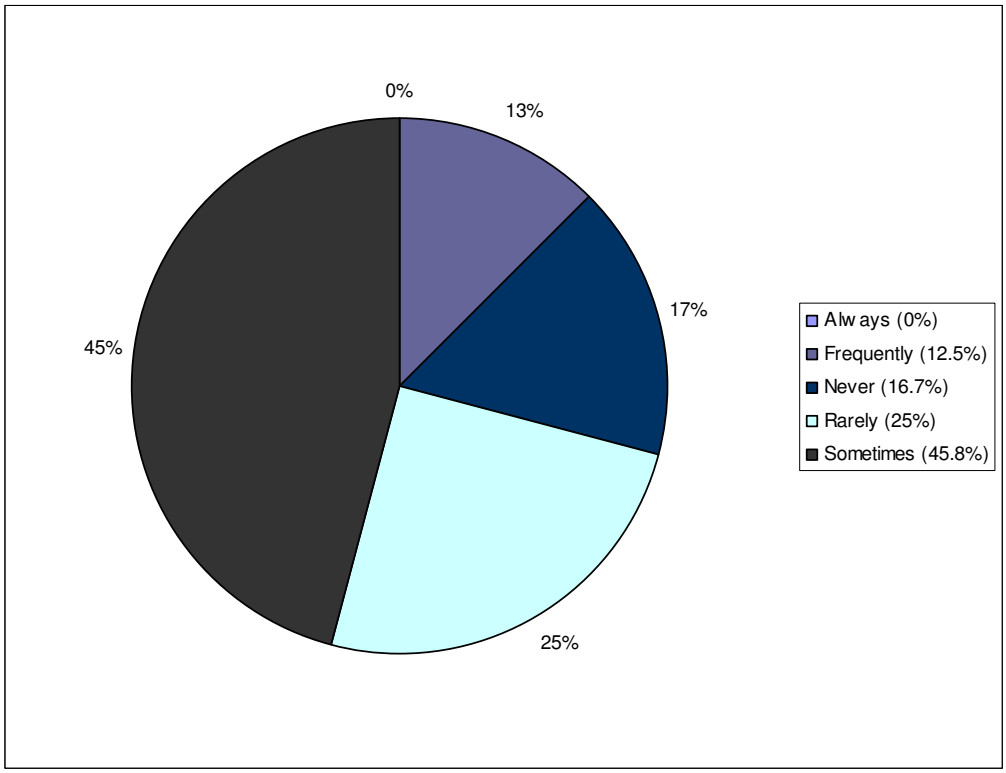
8.6 76% of services use a report proforma or template specific to their service. The following provides a summary of qualitative responses in relation to this statistic:

- "The report templates were designed following consultation with sentencers to ensure that we were providing the information that they required."
- "We have a loose proforma structure, but allow professionals to decide for themselves how to report."
- "For our Initial Assessments, we use a proforma. Court reports are prepared not using a template."

8.7 Figure 16 indicates how often a defendant's case is followed up if it is referred to a Crown Court. This seems to vary significantly depending on the case and service as 45% stated that this happens sometimes. The following provides a summary of qualitative responses relating to this question:

- "If information is received once referred it will be passed onto the appropriate team."
- "Accessing information regarding court dates for remanded prisoners is a problem. We do not have access to see our clients for assessment at Crown Court."
- "We will initiate the referral for a psychiatric report if it has been requested by the court."
- "It is difficult to follow up the case due to the lack of facilities in the court to follow through the process. Court databases do not give agency staff access to other courts."

Figure 16: If a defendant's case is referred to Crown Court does your service follow up the case at Crown Court?



9. LIAISON AND SIGNPOSTING

9.1 CJLD services were asked to explore their relationships with agencies that they liaise with and refer individuals to. The box below provides a headline summary of this section.

Liaison and Signposting

- The majority of services surveyed stated that they had good relationships with: Primary Care services, Dual Diagnosis Services, Drug and Alcohol services, Home Treatment team, Early Intervention Team, CMHTs, Forensic Psychiatry Service and Prison Inreach teams.
- The majority of services surveyed stated that they had limited relationships with: Learning Disability teams, Personality Disorder services, Sex worker services, Domestic Violence services, local homelessness unit, Local YOT.
- The most common barrier when signposting to other agencies involves difficulty in getting referrals accepted by other services and/or agencies (62%), closely followed by lack of staff time (57%).

9.2 Figure 17 indicates the relationship, liaison frequency and referral rate that represents the views of the majority of the services surveyed. The brackets represent the percentage of services surveyed that reported this answer[7].

[7] Full details regarding liaison services that individual services use can be found in Appendix I/

Figure 17: What is you relationship with and how often do you liaise with the following agencies?

Agency	Relationship	Liaison Frequency	Referral Rate
Primary Care services	Good Relationship (62%)	Weekly (50%)	Weekly (45%)
Dual Diagnosis Services	Good Relationship (45%)	Monthly (33%)	Monthly (32%)
Drug and Alcohol Services	Good Relationship (59%)	Weekly (55%)	Weekly (58%)
Home Treatment Team	Good Relationship (48%)	Monthly (59%)	Monthly (53%)
Early Intervention Team	Good Relationship (45%)	Monthly (50%)	Monthly (39%)
Learning Disability Team	Limited Relationship (62%)	2 x years (47%)	2 x years (50%)
Personality Disorder Services	Moderate relationship (40%) Limited relationship (40%)	Monthly (44%)	Monthly (47%)
Homeless services	Moderate Relationship (65%)	Monthly (44%)	Monthly (38%)
Sex worker services	Limited relationship (79%)	Never (56%)	Never (63%)
Domestic violence services	Moderate relationship (42%) Limited relationship (42%)	Never (38%)	Never (44%)
BME	Good relationship (39%)	Fortnightly (38%) Never (38%)	Never (35%)
Women's	Moderate relationship (39%)	Monthly (31%) Quarterly (31%)	Monthly (21%) Quarterly (21%) 2 x years (21%) Never (21%)
CMHTs	Good relationship (71%)	Weekly (61%)	Weekly (43%)
Forensic Psychiatry Service	Good relationship (39%)	Monthly (35%)	Quarterly (47%)
Local Homelessness Unit	Limited relationship (53%)	Quarterly (31%) Never (31%)	Quarterly (40%)
Local YOT	Limited relationship (89%)	Never (60%)	Never (53%)
Prison Inreach Teams	Good relationship (74%)	Weekly (59%)	Weekly (60%)

9.3 The following quotes give an indication of which agencies and/or services that CJLD services find it most difficult to liaise with:

- "Personality Disorders are difficult to liaise with, particularly in terms of making referrals securing specialist assessment. Forensic Psychiatry is also problematic in terms of obtaining risk assessments due to the high threshold of service access."
- "GPs - very difficult and time consuming as you first have to fax a request for information and it is often very late by the time they get back to you. If they get back to you at all."
- "It has been difficult making contact with the court diversion scheme at the neighbouring Magistrates Court to Kingston and Richmond Magistrates Courts."

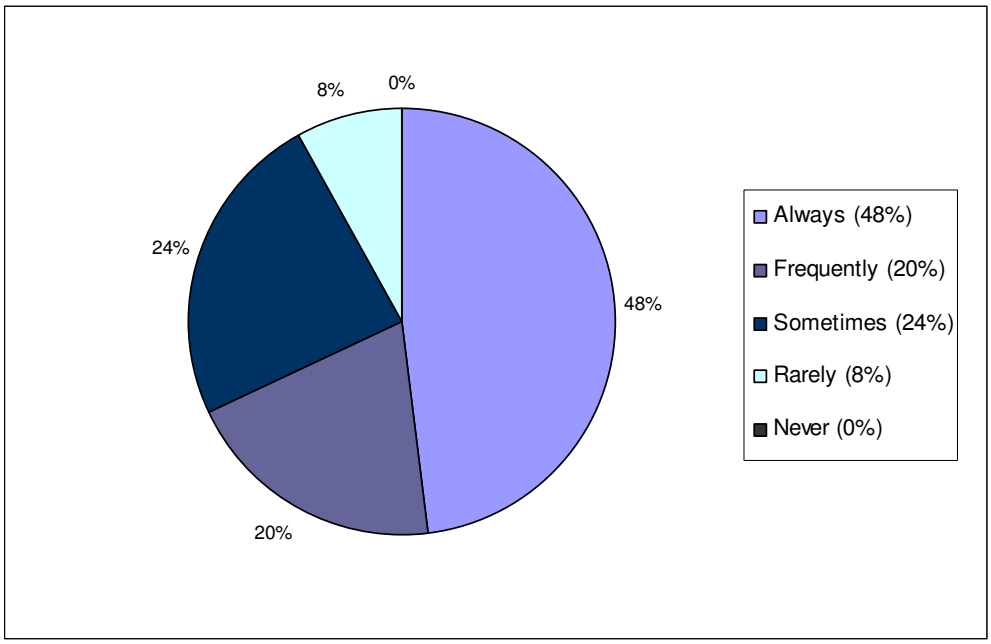
- "General Practitioners are difficult to get information from due to confidentiality issues and client consent to share information."
- "GP Services lack information about the role of court diversion services. Their reception staff have limited knowledge and they see the court service as a threat to their client and also their practices and giving out information. This delays the process for gathering information and it reduces the chance of the client having a wider range of sentence options. This process is noticed in all health and social services. Training for clerical staff on the importance of sharing information to the court diversion staff."
- "The fact that our service sits across the local prison and court greatly assists us with appropriate liaison. Criminal justice agencies are the most difficult to obtain information from."

9.4 56% of CJLD services surveyed have a formal process in place for receiving feedback form external agencies and/or services that they regularly interact with. 82% of services stated that feedback from their service informs service development.

9.5 Figure 18 indicates that the majority (48%) of CJLD services routinely signpost defendants and/or clients to other services even if they do not meet their service criteria. The following quotes give an indication of how important a function this is:

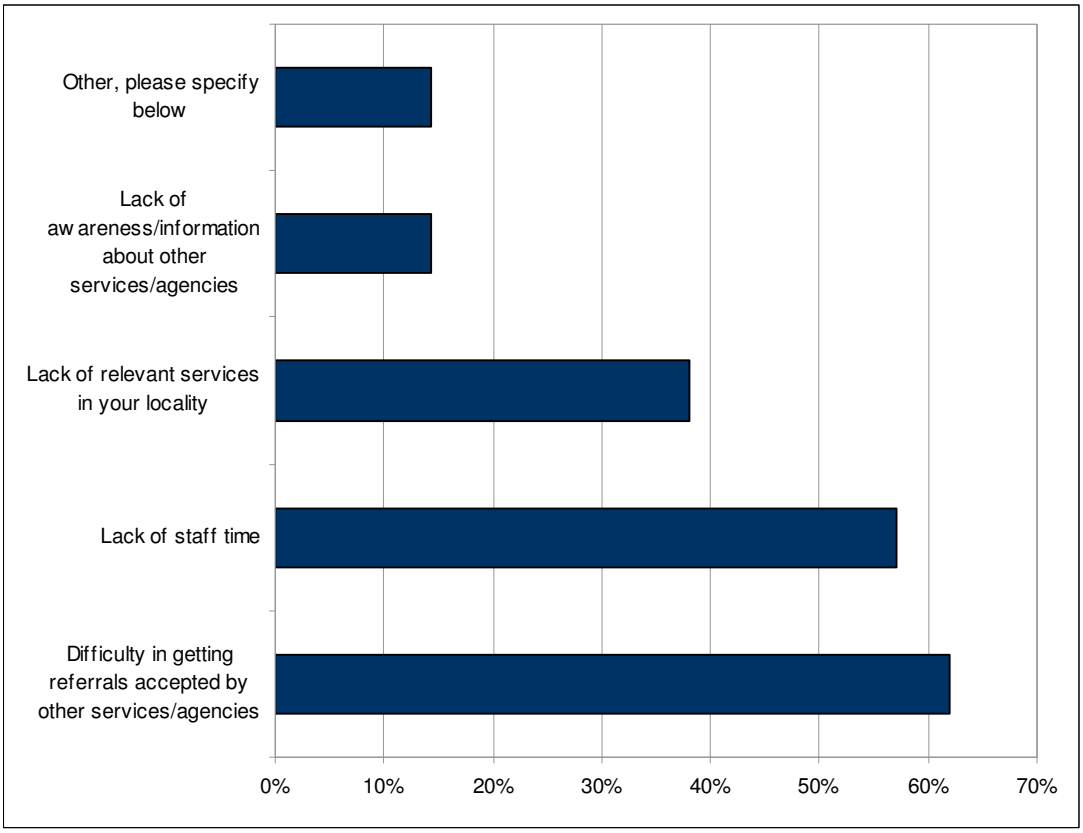
- "Most signposting will be undertaken by other agencies with whom the defendant remains in contact with, such as probation, or prison."
- "Where possible, contact would be made with the other service and information given to them with the client's permission - also client given information on how to access it themselves."
- "This is a core function of the service that we offer."
- "This is usually done in recommendations of the screening reports and direct referrals. Telephone, emails, referral forms of referring agent."

Figure 18: Does your service routinely signpost defendants and/or clients to other services, if they do not meet your service criteria but are in need of other interventions?



9.6 Figure 19, below, indicates that the most common barrier when signposting to other agencies involves difficulty in getting referrals accepted by other services and/or agencies (62%), closely followed by lack of staff time (57%).

Figure 19: What are the main barriers when signposting to other agencies?



10. ACCESSING BEDS

10.1 This section explores any issues or problems that CJLD services typically experience when trying to access beds. The box below provides a headline summary of this section.

Accessing Beds

- The majority of services have a process in place for accessing psychiatric beds. The most common difficulty stated by respondents in accessing beds is the limited availability.
- Services surveyed stated that if they are unable to access a bed on the required day then the most likely outcome is that the defendant will be remanded into custody or bailed to undertake treatment.

10.2 76% of services have a process in place for accessing psychiatric beds. Of those services that do have a process in place, 59% of those stated that this works as planned only sometimes. The quotes below provide a summary of the main barriers and difficulties in accessing beds:

- "There are not enough beds with the right level of security to admit at risk and unwell patients, e.g. PICU (psychiatric intensive care unit beds)."
- "The number of available beds within the Trust is not released until 6pm which causes problems especially if you have someone in court. If the AMHP is undertaking Mental Health Act assessment elsewhere this also creates a delay."
- "Bed availability is scarce and it is not easy to even make a provision for a bed on the day. If the client is from a different Trust, this makes it even harder."
- "A patient with a forensic history or a patient being referred to a service from the criminal justice route will often raise issues of security and at times this will cause barriers to be experienced."
- "Agreeing responsibility; availability of bed; interpretation of NFA protocol and place of arrest, address, GP registration are all needed."

10.3 Services surveyed stated that if they are unable to access a bed on the required day then the most likely outcome is that the defendant will be remanded into custody or bailed to undertake treatment. The majority of services stated that lack of beds is the most likely cause of being unable to access Psychiatric Intensive Care Unit Beds.

10.4 64% of services stated that there is currently no local protocol for conveying to hospital. Of those that do have a protocol in place, there is no consensus on whether this protocol works as planned. The following provides a summary of the main difficulties and potential solutions suggested by those surveyed:

- "Arranging transport (i.e. the current LAS booking service) lacks flexibility. If police are required for conveyance they are not always available at short notice."
- "Although there is no local protocol there have been few difficulties in getting the service-user transferred. When difficulties do occur it is a process of education in terms of advising the appropriate agency of their responsibilities."
- "Agencies need to have an understanding who is responsible for transport."
- "To get agreement from the agencies as to who will provide the transport. Practitioners do work closely with the court police liaison officers to secure the necessary transport."

11. MONITORING AND DATA COLLECTION

11.1 This section examines the propensity for CJLD services to monitor their service provision. The following provides a summary of findings:

- 92% of services surveyed always collect monitoring data on service activity, 4% sometimes do and 4% don't monitor service activity.
- 68% always collect monitoring data on outcomes, 16% sometimes do and 16% do not collect any data on outcomes.
- 56% of services use monitoring data to evaluate and improve/develop the service, 28% sometimes do and 16% do not use monitoring data in improving their service.

11.2 The following qualitative responses give an indication of how data is collected and informs service improvement or development work:

- "Monitoring has enabled us to know that we deliver a good service to the legal process and that the service is valued, this leads to confidence in the service by legal practitioners."
- "In the past we had difficulties accessing hospital beds and this was being highlighted in the data collection. This issue was addressed at a local level and access was subsequently improved."
- "In response to a drop in the clinical activity in 2008, the service undertook some promotional activity to increase awareness about the service."
- "We have used data as part of our bid for funding for a one year pilot."

11.3 For those that do undertake routine proactive screenings at police stations or courts the number of referrals received from April to September 2009 ranges from 875 to 6. The mean number of referrals for this six month period is 356 and the median is 116.

11.4 For those that do not undertake routine proactive screenings at police stations or courts the number of referrals received from April to September 2009 ranges from 52 to 7. The mean number of referrals for this six month period is 30 and the median is 19.

11.5 75% of services which deliver provision based at Crown and/or Magistrates Courts collect data on outcomes from the court process. 12.5% sometimes collect this data and 12.5% do not at all. 88.9% of services surveyed do not collect data on the outcomes of the police processes.

12. FINAL COMMENTS

12.1 The sample of quotes below provides any final views that respondents may not have mentioned earlier in the survey:

- "The service is particularly keen to work with the gender duty and to address the particular needs of women offenders as demonstrated through the proactive screening of police bail lists. This project is part of the HMCS Mental Health Court Pilot and therefore has also included the process of court reviews of offenders with mental health needs on community orders. The majority of these offenders are on enhanced CPAs in the community. The court pilot project has also meant that the Together practitioner has been supported by a dedicated Probation Officer and administrator and a more comprehensive operational group."
- "It is imperative that Court Staff and Mental Health Staff spend dedicated time communicating and working out and understanding how both services can dovetail together to provide a seamless service for the client; Hillingdon has given this issue a lot of time and it has proven to be very beneficial for the service."
- "There are gaps in provisions for defendants on bail."
- "Our service has had a reduction of activity over the last couple of years and particularly of late. The consultant believes that much of this is due to in-reach services working efficiently and also the channelling of clients more effectively through the Section 136 service."
- "Psychological intervention needs to be addressed at a basic level to give insight and self-awareness to the defendant as they move along the CJS. Alcohol and drugs should be addressed together because when they are addressed separately one is replaced for the other and it keeps the defendant in a revolving door cycle."
- "Good practice involves working across the various units of the CJS, rather than in isolation. We have found joint working with the prison in-reach team very beneficial."

APPENDIX A.1

Name of Team	South London and Maudsley NHS Foundation Trust
Contact	Dr Andrew Forrester, Consultant Forensic Psychiatrist South London and Maudsley NHS Foundation Trust 2085886376 andrew.forrester@slam.nhs.uk
Service provision	HM Prison Brixton and Camberwell Green Magistrates' Court
Commissioning PCT	Lambeth PCT
Local Authority	Lambeth
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Our core functions are liaison, diversion and reporting to the court
Service Availability	HMP Brixton Mon-Fri 9-5 (with on call service out of hours). Court Tuesday only 9-5
Cover Arrangements	Yes for prison cover, no for court cover as it is not required
Operational Group	6 monthly meetings involving probation, court reps, Trust representatives and reps form nearby courts
Length of operation	Established in 1999, current configuration since 2008
Publicity materials	Word of mouth, regular liaison meetings with relevant others
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	The service is not yet fully commissioned for the court
SLA	
Budget	Staff are presently 'borrowed' from the local prison inreach team and nearby trust services
Staffing arrangements	Team leader (1 day), consultant psychiatrist or specialty trainee psychiatrist (1 day), admin (1day), CPN (1 day)
Service activity level report to	Local court, Trust and Operational board
Clinical governance group and/or protocols that support and review clinical practice	Clinical governance groups generate within parent services. Protocols in development
Please tell us what the referral criteria are for your service	Open referral system. We see all those referred by the court with a 'mental health concern'.

Name of Team	Central and North West London NHS Foundation Trust
Contact	Nigel Baillie Central and North West London NHS Foundation Trust 2087009384 nigel.baillie@nhs.net
Service provision	West London Magistrates' court
Commissioning PCT	Kensington & Chelsea Primary Care Trust and Hammersmith & Fulham Primary Care Trust
Local Authority	Kensington & Chelsea and Hammersmith & Fulham
Core functions of Service	• Screening • Assessment • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Mental Health Assessments to assist Probation services to provide a more appropriate sentence option
Service Availability	During office hours
Cover Arrangements	
Operational Group	The group meets every six weeks and will move on to every two months at a later date. Central and North West London NHS Foundation Trust senior manager (Andy Crowther, Chair), West London Mental Health NHS Trust Service Manager (Navin Ramgoolam will be Co- Chair), CNWL NHS Foundation Trust Senior Nurse (Nigel Baillie provides progress reports, statistical data analysis and service outcomes. other members include Probation Service, Drug Intervention Programme (H & F, K & C),Learning Disability Service (H & F), Legal Advisor lead, Community and Primary Service (CAPS), Mental Health Supported Housing, Women in Secure Hospital (WISH), Assertive Outreach Team (IMPACT) H & F,and the Dual Diagnosis Team, HMP Bronzefield Mental Health In-reach, HMP Wormwood Scrubs Mental Health In-Reach Team will be joining in from the next meeting.Serco Cell Security
Length of operation	11th May 2009
Publicity materials	The service is publicised through attending meetings at court, court service user meetings, court staff including defence and CPS, liaison with hospitals, CMHT'S service managers meeting, GP liaison, training to Justices
Health Representative on the local borough Crime and Disorder Reduction Partnership	Shani Lee (shani.lee@cavsa.org.uk)
PCT commissioner	Caroline.Leveaux (Caroline.Leveaux@kc-pct.nhs.uk 02089624877) Allison Jones (Allison.Jones@hf-pct.nhs.uk) and Michael Roch (michael.roch@hf-pct.nhs.uk)
Other commissioner	Kensington and Chelsea PCT: Caroline.Leveaux Caroline.Leveaux@kc-pct.nhs.uk 02089624877 Hammersmith and Fulham PCT Allison Jones Allison.Jones@hf-pct.nhs.uk and Michael Roch
SLA	Year to year at present
Budget	Interim Joint Funding by Kensington & Chelsea PCT and Hammersmith & Fulham PCT of £54,000 each

Staffing arrangements	Nigel Baillie - Community Mental Health Nurse (Band 7) provides information/advises and makes recommendations to the court justices. This is done through mental health assessments for the court/probation/drug intervention programme (DIP), and specialist drug court. Liaison with various service providers to get collateral information to make an informed decisionfor sentencing options. Ensuring psychiatric reports are provided to the court on time, referrals to other services, sign posting, information and education to defendats, solicitors, family and other sources that request it. Writing up long assessments, some details needs to be written on PER of defendants in custody suite to ensure communication. Screening reports to be written up for the court and be presented in court. To be available in court to answer questions for clarity and follow the defendant through if they need further assistance in referrals. Writing progress report on the service for the Strategic Group and Operational Group. This report contains collated statistical data on various catergories of defendants going through the CJS. Attending meetings with other service providers for sharing of information to ensure service development Sandra Slowley -Team Administrator- assist in the administrative duties, telephone, faxing. photo copying, gathering information and liaison with other service providers. setting up the admistrative service in preparation for the developing service to fucnction efficiently. takes charge in managing the operational group correspondences, minutes and liaison
Service activity level report to	The Strategic Group
Clinical governance group and/or protocols that support and review clinical practice	Clinical practice is reviewed at strategic meeting and management supervision, this will also be done at clinical supervision
Please tell us what the referral criteria are for your service	Through the Justices, Probation, Drug Intervention Programme staff (DIP).Serco, Police

Name of Team	North London Forensic Service
Contact	Danny Lawlor North London Forensic Service 0208 375 2713 danny.lawlor@beh-mht.nhs.uk
Service provision	Police station
Commissioning PCT	Camden & Haringey
Local Authority	London Borough of Camden. London Borough of Haringey
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Liaison and information exchange • Data collection and monitoring
Service Availability	Courts Diversion schemes are operational in two courts one day of each week. Police liaison schemes are operational from 9am to 9pm in two London Boroughs Mon-Friday
Cover Arrangements	The service will remain operational outside of specified hours in order to complete work that has commenced
Operational Group	The Criminal Justice Liaison Group which is part of the North London Forensic Service reviews operational activities on a quarterly basis
Length of operation	06/01/1980
Publicity materials	The Police liason service provides information material specific to custody staff, along with information that is displayed in the police station
Health Representative on the local borough Crime and Disorder Reduction Partnership	Chief Inspector Raymond Rogers, Metropolitan Police Service (Enfield)
PCT commissioner	
Other commissioner	
SLA	
Budget	
Staffing arrangements	The Police Liaison Service consists of Registered Mental Nurses operating at Band 7. The service has a Lead Nurse who is supervised by the Community Forensic Services Manager. The Court Diversion Scheme is staffed by: Consultant Forensic Psychiatrist CPN Forensic Social Worker (AMHP) Administrator
Service activity level report to	Senior Management Team, Criminal Justice Liaison meeting and commissioners of services
Clinical governance group and/or protocols that support and review clinical practice	Criminal Justice Liaison Group
Please tell us what the referral criteria are for your service	The service will accept referrals that relate to Mental Disodrer without exclusion

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Richmond and Kingston Magistrates Court
Commissioning PCT	n/a
Local Authority	Kingston and Richmond
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • The practitioner also delivers training to CJ agencies In relation to the MH Act assessment work, the role of the practitioner is to co-ordinate local services to undertake the assessment following identification of a need from the initial screening report
Service Availability	Kingston MC mondays and wednesdays 9am-1pm Richmond MC tuesdays and thursdays 9am - 1pm
Cover Arrangements	
Operational Group	Although there is a contract review meeting every quarter comprising of HMCS and LP stakeholders
Length of operation	It was established on the 2nd March 09 and is due to finish on the 26th February 2010 as it was only funded for one year. The practitioner is then transferring to our court liaison service in Ealing MC
Publicity materials	Posters, leaflets, networking and training events, court-user group meetings, offender management unit meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	London Probation - Angus Cameron, Mental Health Advisor
SLA	2nd March 09 - 26th February 2010
Budget	£60,000.The service is funded by the MOJ Impact Programme via London Probation for one year. Efforts were made to secure further funding but this has not been successful and the decision has been taken to end the project at least for the foreseeable future. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme

Staffing arrangements	The Together Court Liaison Services at Kingston and Richmond Magistrates' Courts is operated by the same practitioner on different days. Practitioners are required to either have a professional mental health qualification and / or an academic qualification of a masters or above in a related field. In addition, they must have at least two years post-qualifying experience working with a mental health setting. A f/t Project Co-ordinator is responsible for the operational management of the service and is supported by a Service Manager who is responsible for regional networking, contract management and service developments
Service activity level report to	London Probation and HMCS
Clinical governance group and/or protocols that support and review clinical practice	The service is supported by a clinical governance policy and the practitioner attends a group clinical supervision with a chartered forensic psychologist every 6 weeks
Please tell us what the referral criteria are for your service	Any defendant appearing at Kingston and Richmond Magistrates' Courts who may have a mental health need Any offender under the offender management of London Probation in the borough of Kingston who may have a mental health need

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Highbury Corner Magistrates' court
Commissioning PCT	n/a
Local Authority	Camden & Islington
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • post-sentence support / follow-up • Training is also provided to probation and court staff • In relation to the mental health act assessment work, the practitioner works to facilitate local services to provide an assessment at the court if the screening report indicates the need
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	The service is reviewed through contract review procedures including key stakeholders but does not meet regularly enough to be defined as an operational group
Length of operation	August 09 (it has funding for one year)
Publicity materials	Posters, leaflets, networking and training events, court-user meeting, offender management unit meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	London Probation
SLA	24/08/09 - 23/08/10 - funding is for one year
Budget	£60,000. The service is funded through the MOJ Impact Programme via London Probation and is for one year only. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme

Staffing arrangements	The service is staffed by a full-time Forensic Mental Health Practitioner who operates the court liaison aspect of the Together service in the borough. Practitioners are required to either have a professional mental health qualification and / or an academic qualification of a masters or above in a related field. In addition they also need to have had at least two years post-qualifying experience of working in a mental health setting. A Project Co-ordinator is responsible for the operational management of the service and is supported by a Service Manager who is responsible for regional networking, contract management and service developments
Service activity level report to	London Probation and HMCS
Clinical governance group and/or protocols that support and review clinical practice	The service is supported by a clinical governance policy and the practitioner attends a group clinical supervision with a chartered forensic psychologist every 6 weeks
Please tell us what the referral criteria are for your service	Any defendant appearing at the court who may have a mental health need Any offender under the offender management of London Probation in Camden & Islington who may have a mental health need

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Women's Court Liaison and Outreach project (Thames Magistrates' Court)
Commissioning PCT	n/a
Local Authority	LBTH / LB Hackney
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • Training is also provided to criminal justice agencies (court and probation). In relation to the MH Act assessment work, the practitioner will co-ordinate the response of local services in relation the screening report indicating a need for an urgent assessment and possible transfer to treatment facilities
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	Although there are contract review meetings
Length of operation	June 2009 (it has funding for one year)
Publicity materials	Posters, leaflets, borough networking events, court user group meetings, offender management unit meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	London Probation Contract Manager is Angus Cameron (MH Advisor to LP)
SLA	8th June 09 - 7th June 2010
Budget	£60,000. The project is funding through the MOJ Impact programme via London Probation. Efforts are currently being made to secure further funding after June 2010. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme
Staffing arrangements	A f/t Forensic Mental Health Practitioner operates the court liaison project for women at Thames court. Practitioners are required to have a professional mental health qualification and / or an academic qualification of a masters or above in a related field. They must also have at least two post-qualifying experience working in the area of mental health. A f/t Project Co-ordinator is responsible for the operational management of the service with the support of a Service Manager who is responsible for regional networks, contract management, and service development

Service activity level report to	London Probation /HMCS
Clinical governance group and/or protocols that support and review clinical practice	There is a clinical governance policy to support the service and the practitioner attends a six-weekly group clinical supervision session with an external facilitator who is a chartered forensic psychologist
Please tell us what the referral criteria are for your service	Any woman appearing at Thames Magistrates Court who may have a mental health / emotional wellbeing need. Any women under the offender management of London Probation in the boroughs of Hackney and Tower Hamlets who may have a mental health need

Name of Team	Harrow Mentally Disordered Offenders Team
Contact	Paula King Harrow Mentally Disordered Offenders Team 020 8951 3770 paula.king2@nhs.net
Service provision	Police Stations/ Magistrates Court/ Crown Court (Harrow) Community follow-up Prison High, Medium and Low Secure Services
Commissioning PCT	NHS Harrow/ Harrow PCT
Local Authority	London Borough of Harrow
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Appropriate Adult work • Post-sentence support / follow-up • Care Coordination • Joint working
Service Availability	During office hours
Cover Arrangements	Emergency Mental Health out of hours service, Extended Hours Team (EHT)/ Crisis Reponse Team (CRT)
Operational Group	Held bi-montlh. Mental Health, Low Secure and Medium Secure services, Courts, Police, Probation, PCT, Prison
Length of operation	10 years
Publicity materials	Via the Operational Group, MAPPA, MARAC, but not directly publicised as we could not meet the demand for services
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	Jason.Jongali@harrowpct.nhs.net PCT commission one post, local authority commssions 2 posts. The extra posts have been arranged via a joint bid with West London Mental Health Trust for funding a one-year post following the Bradley review
Other commissioner	
SLA	Only for Court Report Scheme
Budget	£150k p/a. Increased for one year pilot to £270k for one year. A/A- one year funding post PCT bid
Staffing arrangements	Manager/ Clinical Nurse Specialist- 1 WTG 1 Senior Practitioner/ Adult Mental Health Professional- 1 WTG 1 Community Psychiatric Nurse 0.5 Administration 0.5 Consultant Psychiatrist- WTE (1WTE Band 6, 1 WTE Band 3)
Service activity level report to	Central North West London Trust

Clinical governance group and/or protocols that support and review clinical practice	Not involved, but there is a Harrow Mental Health Clinical Governence Group
Please tell us what the referral criteria are for your service	Police station assesements- serious offences (minor offences ref to CMHT). Probation- evidence if mental illness. Long term cases - evidence of mental illness, Probation licence, part 3 of MHA, high risk

Name of Team	South West London and St George's Mental Health NHS Trust
Contact	Robert Belton South West London and St George's Mental Health NHS Trust 2082961310 robert.belton@swlstg-tr.nhs.uk
Service provision	Wimledon Magistrates' court
Commissioning PCT	Kingston
Local Authority	
Core functions of Service	• Assessment • Mental Health Act assessment work • Facilitating access to mental health services • Referral to other services
Service Availability	Wednesday 0900 till 1700
Cover Arrangements	
Operational Group	
Length of operation	Approsimately 10 years
Publicity materials	It is not publicised but its existence is known to the courts who use us.
Health Representative on the local borough Crime and Disorder Reduction Partnership	John Thatchley
PCT commissioner	
Other commissioner	
SLA	
Budget	About £25,000, The consultant psychiatrist is funded by the PCT. The nurse is from the Trust's nursing budget.
Staffing arrangements	It is staffed by a consultant psychiatrist who comes in as needed to do assessments and compile a report for the courts. It also has a Band 6 RMN who gets all the background information about the client. This mainly happens on the Tuesday evening as this is when the court makes the referral. There are times however when the client is referred just on the day of the court and then the nurse will try to speak with the CMHTs or anyone else who can give information. They will also contact the ward and see what can be gleaned from Rio. When the Dr and nurse have seen the patient and a report compiled, copies are made for the court. The nurse will be present when the client is seen and help the court with any queries arising. Even when clients are not present the nurse provides a link to the trust on mental health issues. If a patient needs to go to hospital the nurse will organize the search for a bed. If a MHA assessment is needed the nurse will organize the relevant parties to have it complete. Should the patient need to go to hospital the nurse will organize the ambulance and a police escort, as the LAS require this. The nurse will travel to the ward and hand over the patient and any relevant documentation
Service activity level report to	The Service Manager, Russell Childs

Clinical governance group and/or protocols that support and review clinical practice	No
Please tell us what the referral criteria are for your service	The referrals are made by Wimbledon Magistrates Court. If they are referred we will assess them. Usually they are referred on the Tuesday evening. There is usually little information apart from name, date of birth and the charges

Name of Team	CNWL Foundation Trust
Contact	Sue McDonnell CNWL Foundation Trust 2075346685 sue.mcdonnell@nhs.net
Service provision	Charing Cross and Belgravia Police station
Commissioning PCT	Westminster PCT
Local Authority	Westminster
Core functions of Service	• Screening,Assessment • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Appropriate Adult work
Service Availability	During office hours
Cover Arrangements	South Westminster Out of Hours service provides an Appropriate Adult and MHA service until 21.00 and between 10.00-18.00 at weekends
Operational Group	
Length of operation	1996
Publicity materials	
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	Sarah Rushton, Westminster PCT
Other commissioner	
SLA	
Budget	1.5 WTE Band 6 nursesas above,
Staffing arrangements	Band 6 nurses x 1.5 WTE. 1.5 weekends per month are covered, otherwise Mon-Fri 09.00-17.00 Managed by CMHT Manager
Service activity level report to	CNWL Trust Board
Clinical governance group and/or protocols that support and review clinical practice	Not specifically, but there is a community services clinical governance group
Please tell us what the referral criteria are for your service	Detained in police custody. Concerns about mental health

Name of Team	Court Diversion Scheme, Wandsworth- South West London and St George's Mental Health NHS Trust
Contact	Jimmy Cangy Court Diversion Scheme, Wandsworth- South West London and St George's Mental Health NHS Trust
Service provision	South Western Magistrates' Court
Commissioning PCT	Wandsworth PCT
Local Authority	London Borough of Wandsworth
Core functions of Service	• Assessment • Report writing • Facilitating access to mental health services • Referral to other services • Data collection and monitoring • Fitness to Plea assessment
Service Availability	Tuesday- 9am-5pm
Cover Arrangements	
Operational Group	
Length of operation	
Publicity materials	Porivded details to the Legal Advisors, Court clerks and Information Point at the court.
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	
SLA	
Budget	
Staffing arrangements	The Diversion Scheme consists of a Band6 Psychiatric Nurse and 1 Section12 Approved Associate Specialist. The Nurse attends the court at 9am every Tuesday and checks for referrals. If there are referrals, he will meet with the client to introduce who the team are and what they do, to gain their consent and undertake an initial assessment. The Nurse will then liaise with the doctor to inform of referrals and will also try to liaise with relevant parties i.e GPs, CMHTs, Probation, community drug team and nearest relatives in view of gathering as much information as possible. Once the doctor attends the ward, there is a joint assessment with the nurse for Fitness to plea purposes. Recommendation are then made to the court as to what services the client might need depending whether they are remanded to custody or released on bail
Service activity level report to	Borough General/Service Manager
Clinical governance group and/or protocols that support and review clinical practice	Yes
Please tell us what the referral criteria are for your service	We see clients before they have made a plea and who have a suspected mental health problem

Name of Team	CNWL Mental Health Foundation NHS Trust
Contact	Ms Christine Elder-Ennis / Dr Anupam Kishore CNWL Mental Health Foundation NHS Trust 020 8955 4506 anupam.kishore@nhs.net, christine.elder-ennis@nhs.net
Service provision	Brent Magistrates Court
Commissioning PCT	This service is not a commissioned service
Local Authority	Brent
Core functions of Service	• Assessment • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring
Service Availability	Thursday 09:00 - 13:00
Cover Arrangements	
Operational Group	Quarterly Meetings. Representation from HMCS, Brent Mental Health Services, Magistrates representative, Brent police, Brent Probation, Serco, Brent inpatient LD services
Length of operation	Since 1991
Publicity materials	Through display of posters and leaflets, awareness training within the court system
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	This service is not a commissioned service. Brent Mental Health Services indirectly pay for the professionals time
SLA	
Budget	£35,000 (For salary only). The time spent at court has been included in the job plan for each professional
Staffing arrangements	Consultant Psychiatrist - 1 session Community Psychiatric Nurse -1 session AMHP/Scheme Administrator- 1 session Speciality Doctor Psychiatrist/ ST Trainee -1 session
Service activity level report to	Activity levls are sent to the Operational group for the scheme as well as the offender care directorate within CNWL NHS trust
Clinical governance group and/or protocols that support and review clinical practice	Not specifically for the scheme
Please tell us what the referral criteria are for your service	Working age adults

Name of Team	South London and Maudsley NHS Foundation Trust
Contact	Ian Tero South London and Maudsley NHS Foundation Trust 020 3228 5826 ian.tero@slam.nhs.uk
Service provision	Croydon Magistrates' Court
Commissioning PCT	NHS Croydon
Local Authority	London Borough of Croydon
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Facilitating access to mental health services • Liaison and information exchange
Service Availability	Tuesday 9.30am - 12.30pm (excluding public holidays). Additional times may be negotiated under exceptional circumstances
Cover Arrangements	
Operational Group	
Length of operation	04/01/2001
Publicity materials	Through contact with the Court Legal Advisors
Health Representative on the local borough Crime and Disorder Reduction Partnership	Toni Letts, Chair, NHS Croydon Jessica Brittin, Interim Director of Strategic Commissioning, NHS Croydon
PCT commissioner	John Haseler, Assistant Director, Partnership Commissioning (Mental Health), NHS Croydon
Other commissioner	
SLA	
Budget	£12k per annum,Funding of the service is contained within the overall budget of the Croydon Community Forensic Mental Health Team
Staffing arrangements	The Croydon Court Diversion Scheme consists of two staff members from the Croydon Community Forensic Mental Health Team. Usually this is made up of a Section 12 Approved Doctor (Consultant Psychiatrist or Staff Grade) and an AMHP (Approved Mental Health Practitioner)
Service activity level report to	Internal Audit
Clinical governance group and/or protocols that support and review clinical practice	No
Please tell us what the referral criteria are for your service	Broad and inclusive. Any mental health issue relating to court appearance/disposal

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Enfield Magistrates' court
Commissioning PCT	Enfield
Local Authority	Enfield
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • The practitioner also undertakes mental health training to court and probation colleagues. In terms of the Mental Health Act Assessment work, the role of the practitioner is to co-ordinate the required service from the local trust in order to facilitate the mental health act assessment at the court
Service Availability	monday, tuesday, thursday and friday 9am - 1pm
Cover Arrangements	
Operational Group	No - although there are contract review meetings
Length of operation	April 2009 and it is funded for one year
Publicity materials	leaflets, posters, networking and training events, court-user groups, probation liaison committee meetings, offender management unit meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	The service is funded through the MOJ Impact Programme and is contract managed by the Mental Health Advisor to London Probation
SLA	April 2009 - April 2010
Budget	£60,000. We are in the process of trying to secure further funding for the project. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme
Staffing arrangements	The service is staffed by a full-time Forensic Mental Health Practitioner. Practitioners are required to eithe have a mental health professional qualification or an academic qualification of a masters or above in a related field. In addition practitioners must have at least two years post-qualifying experience of working in mental health. A Project Co-ordinator is responsible for the operational management of the service and is supported by a Service Manager who is responsible for regional networks and contract managment
Service activity level report to	Key Stakeholders - London Probation and HMCS

Clinical governance group and/or protocols that support and review clinical practice	The service is supported by a clinical governance policy and practitioners attend an external clinical supervision session every 6 weeks with a chartered forensic psychologist
Please tell us what the referral criteria are for your service	Any defendant appearing at Enfield MC who may have a mental health needs Any offender under the offender management of London Probation in the borough of Enfield who may have a mental health need

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Camberwell Green Magistrates' court
Commissioning PCT	Southwark
Local Authority	Southwark
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • The practitioner also provides mental health training to criminal justice staff. The role of the practitioner in terms of MH Act Assessment work is to co-ordinate local services to provide mental health act assessements when required and when indicated by the practitioner's initial screening assessment
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	
Length of operation	03/01/2009
Publicity materials	leaflets, posters, networking and training events, court-user meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	The service is funded for one year through the MOJ Impact Programme and is contract managed by Angus Cameron, Mental Health Advisor to London Probation
SLA	one year
Budget	£60,000. Further funding is currently being sought. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme
Staffing arrangements	The service is staffed by a Forensic Mental Health Practitioner. The practitioner is required to either have a mental health qualification or an academic qualification of a masters or above in a related. In addition, they must have at least two years post-qualifying experience of working in mental health. A full-time Project Co-ordinator is responsible for the operational management of the service and is supported by a Service Manager who is responsible for external regional networks and contract management
Service activity level report to	Key stakeholders - London Probation and HMCS

Clinical governance group and/or protocols that support and review clinical practice	The service is supported by a clinical governance policy. The practitioner also attends a 6 weekly external clinical supervision session facilitated by a chartered forensic psychologist
Please tell us what the referral criteria are for your service	Any defendant appearing at Camberwell Green Magistrates' Court who may have mental health needs Any offender under the offender management of London Probation in Southwark who may have a mental health need

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Thames Magistrates' court
Commissioning PCT	Hackney PCT / Tower Hamlets PCT
Local Authority	Hackney and Tower Hamlets
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • The practitioners are responsible for co-ordinating the relevant local services to undertake mental health act assessment work following identification from the MH Screening assessment
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	There are individual contract monitoring review meetings between the two boroughs. The contract manager for London Probation attends all review meetings
Length of operation	10 years
Publicity materials	leaflets, posters, networking and training events, regular attendance at the court-user group
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	Shazia Ghani NHS Tower Hamlets - Mental Health Commissioner 2nd Floor Anuerin Bevan House 81 Commercial Road London E7 1RD 02070925174 Stephen Hardistry Joint Mental Health Commissioning Manager NHS City & Hackney Strategic Commissioning, Loui
Other commissioner	
SLA	There is a contract with NHS City & Hackney which is an annual contract. Due to finish at the end of March 2010 but likely to be renewed. Grant from NHS Tower Hamlets which is due to finish March 2011
Budget	£60,000 (approx). The scheme is also funded by London Probation through a core contract which has recently been renewed and will finish March 2014. Contract Manager is Angus Cameron, MH Advisor to London Probation. Funding is also received from Hackney Community Services. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme

Staffing arrangements	The service at Thames Court is staffed by two practitioners on a rota basis. All practitioners are required to either have a mental health professional qualification or an academic qualification of a masters or above in a related field. In addition they need at least two years post-qualifying experience working in mental health. A project co-ordinator provides operational management which is supported by a Service Manager who is responsible for regional and national networking and contract management
Service activity level report to	Stakeholders - funders (NHS Tower Hamlets, City & Hackney, Hackney Community Services, London Probation) and HMCS
Clinical governance group and/or protocols that support and review clinical practice	There is a clinical policy that supports clinical governance. Practitioners also attend a six-weekly external clinical supervision session with a chartered Forensic Psychologist
Please tell us what the referral criteria are for your service	Any defendant appearing at Thames MC on police or prison remand who may have a mental health need Any offender under the offender management of London Probation in the boroughs of Hackney and Tower Hamlets who may have a mental health need

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Hounslow Magistrates' court
Commissioning PCT	Hounslow
Local Authority	Hounslow
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • Training to CJ agencies (court and probation) MH Act Assessment work involves the practitioner co-ordinating the necessary services from within the local Trust
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	There is a quarterly contract review meeting but it has been agreed that all stakeholders are to represented so that it can also consider operational issues and service development. Stakeholders are represented by the PCT, London Probation, HMCS and the local MH Trust
Length of operation	9 years
Publicity materials	leaflets, posters, networking and training events, stakeholder groups such as the court -user group, Mental health risk assessment panel and police liaison meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	Hazel Daniel (Senior Joint Commissioning Manager- Mental Health) LB of Hounslow Civic Centre Lampton Road Hounslow Middlesex TW3 4DN 0208 583 2117
Other commissioner	
SLA	The lead commissioner is London Probation with whom we have a contract until March 2010. We were recently successful in securing a further three years which will end in March 2014
Budget	£60,000. The service is also commissioned and funded through a central contract with London Probation. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme

Staffing arrangements	The service is staffed by a f/t Forensic Mental Health Practitioner. Qualifications for the role are either a mental health qualification or an academic qualification of a masters or above in a related field. The practitioner must also have two years post-qualifying experience of working in the mental health field. The service is managed by a Project Co-ordinator responsible for daily operations and has the support of a Service Manager responsible for external regional partnerships and contract management
Service activity level report to	Key stakeholders - HMCS, London Probation, PCT, Local MH Trust
Clinical governance group and/or protocols that support and review clinical practice	The service is supported by a clinical governance policy. Staff received external clinical supervision from a chartered forensic psychologist on a six-weekly basis
Please tell us what the referral criteria are for your service	Any defendant appearing at Hounslow MC who may have a mental health need (bail and remand) Any offender under the offender management of LP in Hounslow

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Ealing Magistrates' court
Commissioning PCT	Ealing PCT
Local Authority	Ealing
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up • In terms of MH Act work, the practitioner initiates the referral and co-ordinates the relevant team to attend court to undertake mental health act assessments
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	the group meets on a quarterly basis. It is attended by representatives from London Probation and HMCS. The PCT attends on an annual basis for a formal contract review meeting
Length of operation	6 years
Publicity materials	Leaflets, posters, networking events, attendance at probation and court team meetings
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	Shahara Miah Assistant Mental Health Commissioner Ealing PCT 1 Armstrong Way Southall Way Middlesex UB2 4SA
Other commissioner	
SLA	The contract with Ealing PCT is until March 2011 The contract with London Probation is for 3 years from April 2010 to March 2013
Budget	£60,000,The service is also commissioned by London Probation. The contract manager is Angus Cameron, Mental Health Advisor to London Probation. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme
Staffing arrangements	The service is staffed by a full-time Forensic Mental Health Practitioner. Qualifications included either a mental health professional qualification and / or an academic qualification of a masters or above in a related subject area as well as at least two years post-qualifying experience working in the field of mental health. The service is managed by a Project Co-ordinator concerned with the daily operation of the service with the support of an overall Service Manager who is responsible for external networking and contract management
Service activity level report to	PCT, London Probation, HMCS

Clinical governance group and/or protocols that support and review clinical practice	Clinical governance policy which is reviewed annually
Please tell us what the referral criteria are for your service	Any defendant appearing at Ealing Magistrates' Court who may have mental health needs Any offender under the offender management of London Probation who may have mental health needs

Name of Team	South London & Maudsley NHS Foundation Trust
Contact	Patrick Gillespie South London & Maudsley NHS Foundation Trust 0203 228 6590 Patrick.Gillespie'slam.nhs.uk
Service provision	Magistrates' court
Commissioning PCT	NHS Lambeth
Local Authority	London Borough of Lambeth
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring. • Our core functions are liaison, diversion and reporting to Camberwell Magistrates Court
Service Availability	Tuesday's 9am to 5 pm but can be flexible to meet needs. In the event that an urgent assessment is required at Court or within the Police Station then there is a Consultant Psychiatrist on Call service. There is also a Consultant at HMP Brixton Monday to
Cover Arrangements	In the event that an urgent assessment is required at Court or within the Police Station then there is a Consultant Psychiatrist on Call service. This rota also covers HMP Brixton
Operational Group	Court Psychiatric Liaison meetings are held quarterly which include: Probation, Judges, Magistrates, Clerks of Court, Clinicians and other agencies if required
Length of operation	Court Liaison Service established in the 1980's. The Prison Healthcare Team was established in 1999 and was reconfigured in 2008
Publicity materials	The Trust Intranet site; Word of mouth; Regular Liaison meetings with relevant agencies
Health Representative on the local borough Crime and Disorder Reduction Partnership	Denis O'Rourke, Assistant Director of Service Strategy & Commissioning Adults Team NHS Lambeth 1 Lower Marsh London SE1 7NT Tel - 020 3049 4328 Fax - 020 3049 4357. E mail - Denis.O'Rourke@lambethpct.nhs.uk
PCT commissioner	NHS Lambeth commission healthcare services at HMP Brixton
Other commissioner	The Court Liaison service is not funded by any agency.
SLA	
Budget	1 Band 6 Nurse - one day per week 1 band 3 Admin Support - one day per week 1 staff grade Psychiatrist - one day per week 1 consultant Psychiatrist - one day per week.,All staff that provide this service are seconded from Adult Mental Health, Community Forensic Services and HMP Brixton Prison In-reach Team
Staffing arrangements	1 Administrator Band 3 1 Band 6 Nurse 1 staff Grade Psychiatrist 1 Consultant Psychiatrist They all provide this service one day per week
Service activity level report to	To the Lambeth Directorate within the Trust, Court and Operational Board

Clinical governance group and/or protocols that support and review clinical practice	There is a Lambeth AMH Directorate Clinical Governance Group as well as a Clinical Governance Group within the Forensic and Prison Services. Protocols are currently in development
Tell us what the referral criteria are for your service	We will assess anyone referred to the service by the court who is experiencing a mental health problem

Name of Team	East London NHS Foundation Trust
Contact	Dr Faisil Sethi East London NHS Foundation Trust Secretary: 0208 121 5429 Secretary: aneita.lewis@eastlondon.nhs.uk
Service provision	Thames Magistrates' Court
Commissioning PCT	Tower Hamlets PCT
Local Authority	
Core functions of Service	• Screening • Assessment • Facilitating access to mental health services • Liaison and information exchange
Service Availability	Wed mornings (and possibly expanding to Monday mornings as well)
Cover Arrangements	
Operational Group	
Length of operation	In some form, it has been around for 10 years, but I have been running it for the last 2-3 years
Publicity materials	
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	None
SLA	
Budget	The service operates in an ad-hoc manner utilising a small amount of consultant time, 1-2 junior medical doctors who are doing a special interets session, a small amount of admin input from my secretary, and resources from the court
Staffing arrangements	Consultant psychiatrist input (minimal offically recognised input) 1-2 trainee psychiatrists (half a day a week each) Medical Secretary providing admin (approx 1 hour per week) Link with Together Practioners in the court Link with Court Legal Adviser
Service activity level report to	Clinical Director in the Hospital
Clinical governance group and/or protocols that support and review clinical practice	Yes
Please tell us what the referral criteria are for your service	Those going through the Magistrates Court who are deemed to be in need of an assessment of their mental health; they have often been screened by the Together Practitioners

Name of Team	East London Foundation Trust
Contact	Tom Leahy East London Foundation Trust 0788 7636595 tom.leahy@eastlondon.nhs.uk
Service provision	Stratford Magistrates Court
Commissioning PCT	Newham PCT
Local Authority	Newham LA
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring
Service Availability	Friday 9-5
Cover Arrangements	
Operational Group	The group meets ever 6 months and reviews the schem. Representation form court,diversion scheme and probation services
Length of operation	1998
Publicity materials	On notice board in court. Court staff our made aware of the scheme
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	East London NHS Trust
SLA	
Budget	The scheme is run by and staffed predominantly by East London NHS Trust staff and is covered on a rota basis. The forensic CPN's do a one in five attendence which is rotered
Staffing arrangements	Forensic CPN. One in five rota Psychiatric registrar. One in six rota. Administrator> Only for typing. On call. Mnental heath assessments are provided by comminity staff who would be contacted when needed
Service activity level report to	Report to the operational group every 6 months
Clinical governance group and/or protocols that support and review clinical practice	No
Please tell us what the referral criteria are for your service	The service we provide is a mental health liaison scheme available to any defendant who has been remanded into custody and there are concerns surrounding their mental health

Name of Team	Central and North West London NHS Foundation Trust
Contact	Linda Burgess Central and North West London NHS Foundation Trust Mobile: 07900 918091 lindaburgess1@nhs.net
Service provision	Uxbridge Magistrates' Court and Heathrow, West Drayton & Uxbridge Police Stations
Commissioning PCT	Hillingdon PCT
Local Authority	London Borough of Hillingdon
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Appropriate Adult work • Post-sentence support / follow-up/ Post sentencing support follow-up would simply be to establish whether an appointment had been given and whether it was attended
Service Availability	No cover arrangements for out of hours or annual leave for the nurse providing service
Cover Arrangements	
Operational Group	Court User Group, Magistrates', Clerks, Ushers, CPS, Police, Counsel, Probation, HM Prisons, providers of the Service
Length of operation	October 23008
Publicity materials	By staff presence within the areas and firm commitment to communication. Flexibility to facilitate the smooth running of the service
Health Representative on the local borough Crime and Disorder Reduction Partnership	Not known
PCT commissioner	
Other commissioner	Uxbridge has taken part in a Pilot Scheme with a view to providing information for the Bradley Report. CNWL have funded this post up until now but our understanding is that we will be approaching Hillingdon PCT for funding for expansion of the Service
SLA	
Budget	Unknown, Funded by CNWL.
Staffing arrangements	Court Diversion Scheme Manager, PA (21 hours) to the Service and 1 Social Worker - vacant post and 1 Doctor - vacant post
Service activity level report to	Addiction and Offender Care Directorate, 5-7 Wolverton Gardens, Hammersmith, London W6 7DY
Clinical governance group and/or protocols that support and review clinical practice	Yes

Please tell us what the referral criteria are for your service	Referral criteris can be the Bench, Counsel, Serco, Users, CPS, Police, Probation, Mental Health Teams, Prisons, self referrals, these referrals can be for anyone thought to have a mental health issue already known to the services or services out of area

Name of Team	Central and Northwest London NHS Foundation Trust
Contact	Charles de Lacy Central and Northwest London NHS Foundation Trust 0207 248 3277 cdelacy@nhs.net
Service provision	Central Criminal Court
Commissioning PCT	NHS London
Local Authority	None
Core functions of Service	• Facilitating access to mental health services • Liaison and information exchange • Post-sentence support / follow-up
Service Availability	During office hours
Cover Arrangements	Not necessary for the nature of the work
Operational Group	every 3 months CPS Defence Court Probation Health
Length of operation	05/01/2008
Publicity materials	The Court publicises the service in its letters to solicitors
Health Representative on the local borough Crime and Disorder Reduction Partnership	The Court is not local but covers London the question therefore does not apply
PCT commissioner	
Other commissioner	NHS london and Her Majesty's Court Service
SLA	Memorandum of understanding
Budget	120000,
Staffing arrangements	Consultant Forensic Psychiatrist at Court once a week and available on other occasions by telephone and a clinical nurse specialist based at the |Court
Service activity level report to	Portsmouth University
Clinical governance group and/or protocols that support and review clinical practice	The Trust offers reviews of clinical practice
Please tell us what the referral criteria are for your service	Homicide or attempted homicide is the main criteria

Name of Team	Together
Contact	Linda Bryant (Service Manager: Forensic Mental Health Practitioner Service) Together 2077807340 linda-bryant@together-uk.org
Service provision	Stratford Magistrates' court
Commissioning PCT	Commissioned by London Probation through MOJ Impact Programme (one year funding)
Local Authority	Newham
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring • Post-sentence support / follow-up. • This service is part of the Mental Health Court Pilot and in addition to the above, the Together Service supports the court reviews of offenders with mental health needs on community orders In terms of MH Act Assmt work, the practitioner facilitates the duty team from the local trust to attend court to undertake the assessment and provides a liaison function with the court to keep the court updated regarding the progress with the case
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	once every two months - representation involves London Probation, HMCS, LOHP,local court reps (DJ and Legal Advisor), MPS, Together,LA, East London MH Trust
Length of operation	Started in January 2009 - due to finish March 2010 if additional funding is not secured
Publicity materials	Service leaflets, posters, local events, encouraging agencies to visit the scheme, training events to referral agencies (e.g. sentencers)
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	London Probation - Angus Cameron (Mental Health Advisor to LP) - angus.cameron@london.probation.gsi.gov.uk
SLA	one year
Budget	£60,000. The costs identified for the service in the questionnaire is for the provision of the full-time practitioner and will include their time also spend working within the local probation and not just for the operation of the court scheme
Staffing arrangements	The project is staffed by a WTE Forensic Mental Health Practitioner - Johanna is a trainee forensic psychologist and her role is provide a court liaison service and to provide offender management support to the local probation service. There is a Project Co-ordinator who provides daily operational support and an overall Service Manager who is the main point of contact for commissioners etc and has a service development role

Service activity level report to	London Probation Commissioner, HMCS, stakeholders such as the local court and probation
Clinical governance group and/or protocols that support and review clinical practice	We have protocols to support clinical practice
Please tell us what the referral criteria are for your service	At court, any defendant can be referred to the service who may have a mental health need or is suspected of having a mental health need

Name of Team	Westminster City Council
Contact	Steve Burnett Westminster City Council 020 7534 6685 steve.burnett@nhs.net
Service provision	Horseferry Road Magistrates' court
Commissioning PCT	Westminster PCT/ K&C PCT
Local Authority	City of Westminster
Core functions of Service	• Screening • Assessment • Mental Health Act assessment work • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring
Service Availability	Admin available 5 days per week. the mental health team are avilable Tuesdays and Thursdays 10-17
Cover Arrangements	
Operational Group	
Length of operation	Approximately 18 years
Publicity materials	Word of mouth, emails, in-court info available
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	Sarah Rushton, Westminster PCT
Other commissioner	
SLA	
Budget	West London MH Trust provide the nursing and medical staff. WCC provide the AMHP
Staffing arrangements	1WTE adminstrator- WEst London MH Trust 0.4 WTE CPN WLMHT- assessments and screening and reports, liaison 0.5WTE AMHP- WCC as for CPN, plus MHA asssessments 0.4WTE psychiatrist WLMHT medical assessment
Service activity level report to	To clinical director of WLNHS MHT and to funders/purchasers
Clinical governance group and/or protocols that support and review clinical practice	No
Please tell us what the referral criteria are for your service	Prisoner on remand with concerns about mental health

Name of Team	Oxleas NHS Trust, The Bracton Centre
Contact	Claire Oaten, Service Manager Oxleas NHS Trust, The Bracton Centre 01322 294300 Shaun .gallagher@oxleas.nhs.uk
Service provision	Tower Bridge, Greenwich, Bexley and Bromley Magistrates' court
Commissioning PCT	Tower Bridge (Southwark PCT), Greenwich (Greenwich PCT), Bexley (Bexley PCT) and Bromley (Bromley). They all fall within different PCT's
Local Authority	Southwark, Bexley, Bromley, Greenwich
Core functions of Service	• Screening • Assessment • Report writing • Signposting • Facilitating access to mental health services • Referral to other services • Liaison and information exchange • Data collection and monitoring
Service Availability	Weekday mornings
Cover Arrangements	
Operational Group	Quaterly review on operational issues and review of stats
Length of operation	1992
Publicity materials	Information leaflets and seminars
Health Representative on the local borough Crime and Disorder Reduction Partnership	
PCT commissioner	
Other commissioner	Not sure
SLA	
Budget	No. Commmiossioned within allocation of mental health budget
Staffing arrangements	CPN lead service with rotating psychiatrist either Spr or registrar level. TBMC has a rotating AMPT which is effective in facilitating MHA assessments
Service activity level report to	Annual reporting of activity and outcomes within the directorate
Clinical governance group and/or protocols that support and review clinical practice	Held within the wider clinical governance group within the Trust
Please tell us what the referral criteria are for your service	We accept referrals from any of the criminal justice agencies where there is a suspicion that a defendent is suffering from a mental disorder or that there is concern about the welfare of the individual

APPENDIX B

LONDON CRIMINAL JUSTICE LIAISON & DIVERSION MAPPING

Stakeholder Survey Report

NHS London

April 2010

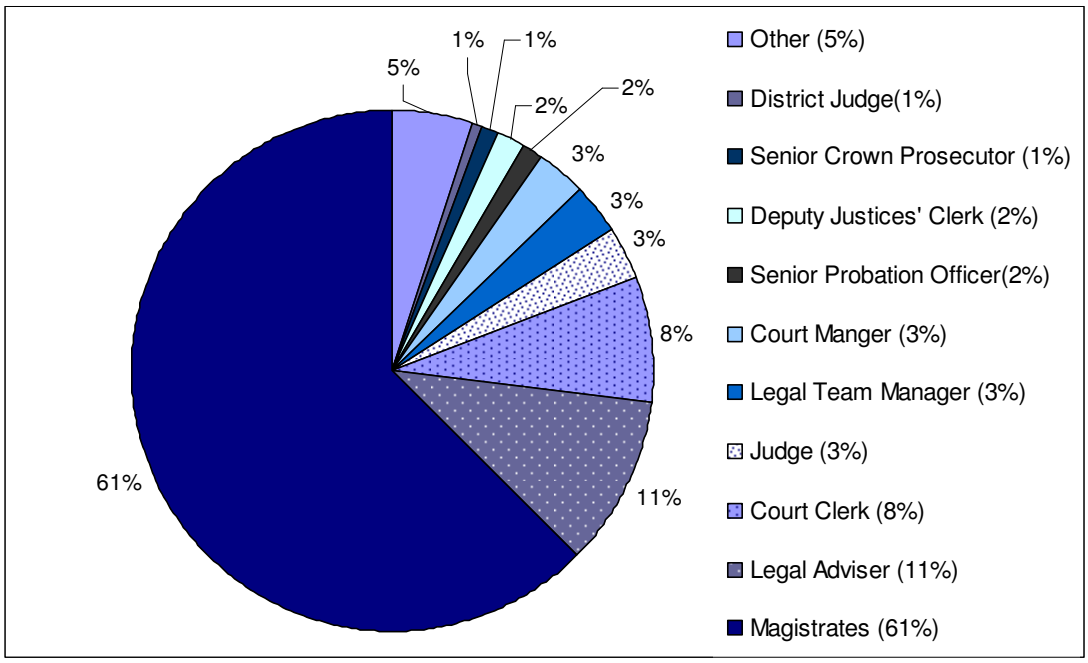
CONTENTS

1. INTRODUCTION

1.1 The London Offender Health Partnership Board (LOHPB) in partnership with Her Majesty's Court Service (HMCS) London, the London Criminal Justice Board, London Probation and other key stakeholders have commissioned a project to map the current provision of Criminal Justice Liaison & Diversion (CJLD) Services across the London region. This survey has been commissioned to allow the incorporation of the views of important stakeholder groups working within Magistrates' and Crown Courts and subsequently feed these into forthcoming focus groups. These focus groups will explore how gaps in current service provision to the courts could be filled. The conclusions will be included in a final report (due by end of March 2010) in addition to a series of recommendations covering how to improve service delivery.

1.2 The survey took place between December 2009 and mid-January 2010. A total of 259 individuals responded to the survey. Figure 1, below, outlines the professional role of the survey respondents.

Figure 1: Role of survey respondents



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

2. MENTAL HEALTH AND LEARNING DISABILITY

2.1 The initial part of the survey asked respondents about their interaction with defendants with mental health problems or learning difficulties/disabilities. The box below provides a headline summary of this section.

Mental Health and Learning Disability Summary

- 85% encounter a defendant with a mental health problem at least on a monthly basis; the corresponding figure for learning difficulties or disabilities is 80%.
- The majority of respondents think that court processes do not cater to the needs of people with mental health problems and learning difficulties/disabilities.
- Nearly three quarters of all respondents (74%) totally or partially agree that they would like to develop a better relationship with local mental health and learning disability services.

Frequency

2.2 Over half of respondents (51%) encounter a defendant with mental health problems on a monthly basis. 27% do so on a weekly basis, 7% do so on a daily basis and the remainder encounter such defendants twice yearly or less frequently. With respect to encountering defendants with learning difficulties/disabilities the majority stated that this occurred on a monthly basis (45%), 26% do so on a weekly basis, 9% on a daily basis and the remainder encounter such defendants twice yearly or less frequently. 72.6% of all respondents have represented, or dealt with someone, with a known learning difficulty such as dyslexia, low IQ, or the inability to read and write.

2.3 Respondents were asked to expand on this question and it is apparent that many find it difficult to recognise when defendants have mental health problems or learning difficulties:

- “It is very difficult to determine whether you are dealing with offenders with [mental health, learning difficulties/disabilities] needs in the court room setting. Most of the offenders in this courthouse are represented and there is little interaction between the court and the offender in person. If the defence advocate does not mention the issues, the court is unlikely to know of the issues” (Legal Adviser)
- “As a magistrate it is difficult to know who has difficulties as it is often undetected or unregistered. Research shows that there is a lot of mental illness and/or disability in the

court system but it is fairly rare that it is flagged up as an issue in judicial proceedings." (Magistrate)

- "Difficult to be specific on regularity as it is not always disclosed if there are mental health problems or learning difficulties" (Magistrate)

2.4 In comparison there are individuals who encounter such defendants on a very frequent basis:

- "I would say pretty much every time I sit." (Magistrate)
- "Many defendants have a range of mental health problems, primarily drug & alcohol induced" (Legal Adviser)
- "It is almost a daily occurrence to have defendants before the court with some form of learning difficulty also. For example, literacy problems, dyslexia & ADHD." (Legal Adviser)

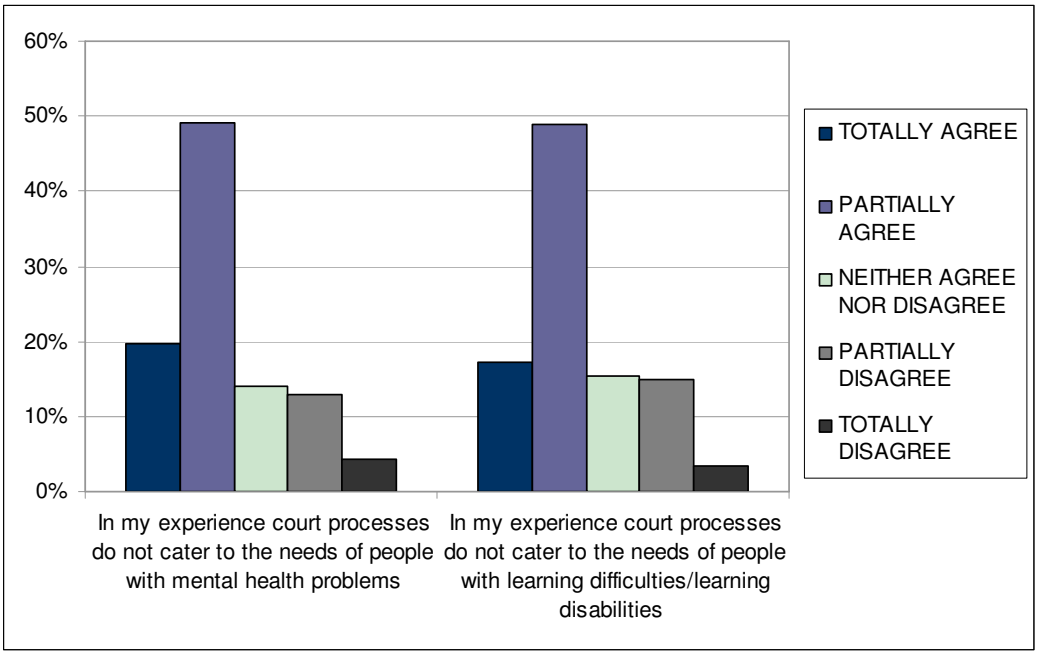
2.5 Finally, there is clear pattern between the specific role an individual has in the CJS and how often they would interact with a defendant of this type:

- "As a court clerk I do not actually encounter them I only prepare/carry out judges orders asking for psychiatric reports from the relevant mental health doctor or prepare a section 37 41 hospital order or interim hospital orders." (Court Clerk)

Court Infrastructure

2.6 Figure 2, below, indicates that the majority of respondents think that court processes do not cater to the needs of people with mental health problems and learning difficulties/disabilities; 69% and 66% respectively either totally or partially agreed, whereas 17% and 18% respectively totally or partially disagreed.

Figure 2: Do court processes cater to specific needs?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

2.7 With regards to qualitative responses, respondents' experience of infrastructure to cater to the needs of people with mental health problems and learning difficulties/disabilities varies. The following summary provides example quotes from respondents:

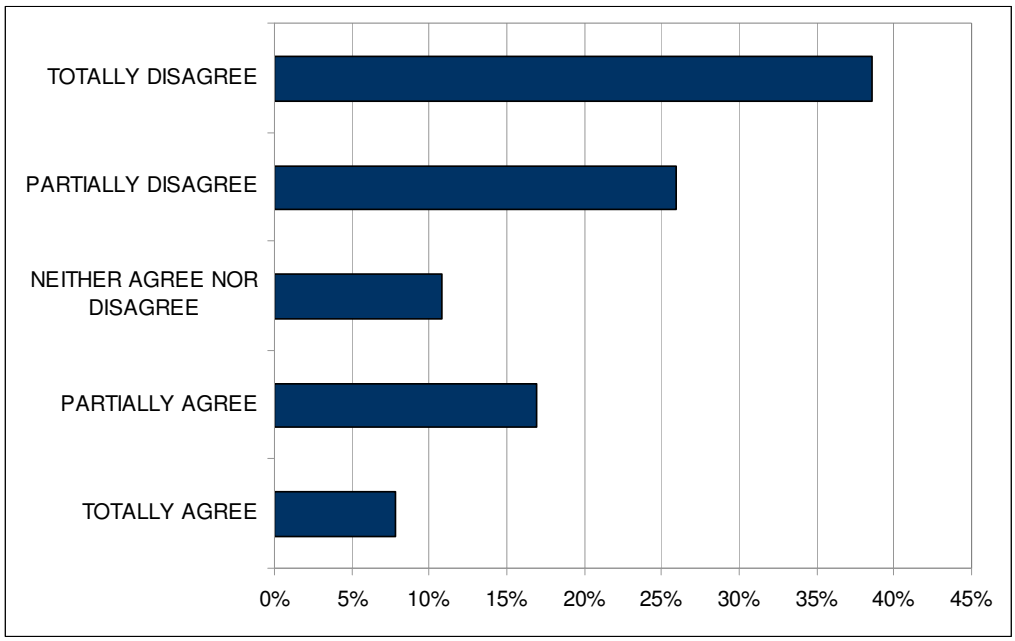
- "The problem is more to do with resources than processes. There are processes available to properly cater for people with mental health problems - the issue is that much of the time there aren't enough resources to make those processes available." (Magistrate)
- "No consistent guidance on the procedure for dealing with people with mental health problems. Courts have diversion schemes but it is often unclear who is responsible for liaison between the courts and mental health professionals. Psychiatric reports are often very difficult to obtain and cases experience long delays." (Legal Adviser)
- "In my experience, benches are sympathetic when they see someone in difficulty. But we are not experts, and I sometimes feel that the person concerned has had problems following proceedings." (Magistrate)
- "I disagree with this proposition because we are blessed with a first-class, prize winning mental health liaison team in house." (Judge)
- "I believe the courts are getting better for them within the process at court excluding custodial remands. There are still difficulties due to communication issues and the fact that

defence lawyers are usually poor at being able to present their clients position adequately as they lack the expertise necessary." (Judge)

- "There are no specific arrangements in place to assist offenders with learning difficulties. It is often unfair to expect defence advocates to take on this supportive role as they are not trained to deal with this and are not social workers." (Legal Adviser)

2.8 Respondents were asked if, in their experience, few delays were experienced by courts due to difficulties in getting relevant mental health information on defendants. Figure 3, below, indicates that the majority of individuals (65%) either totally or partially disagree with this statement, indicating that delays are often caused by difficulties in accessing mental health information regarding defendants.

Figure 3: Do respondents experience few delays in court due to difficulties in obtaining relevant mental health information on defendants?



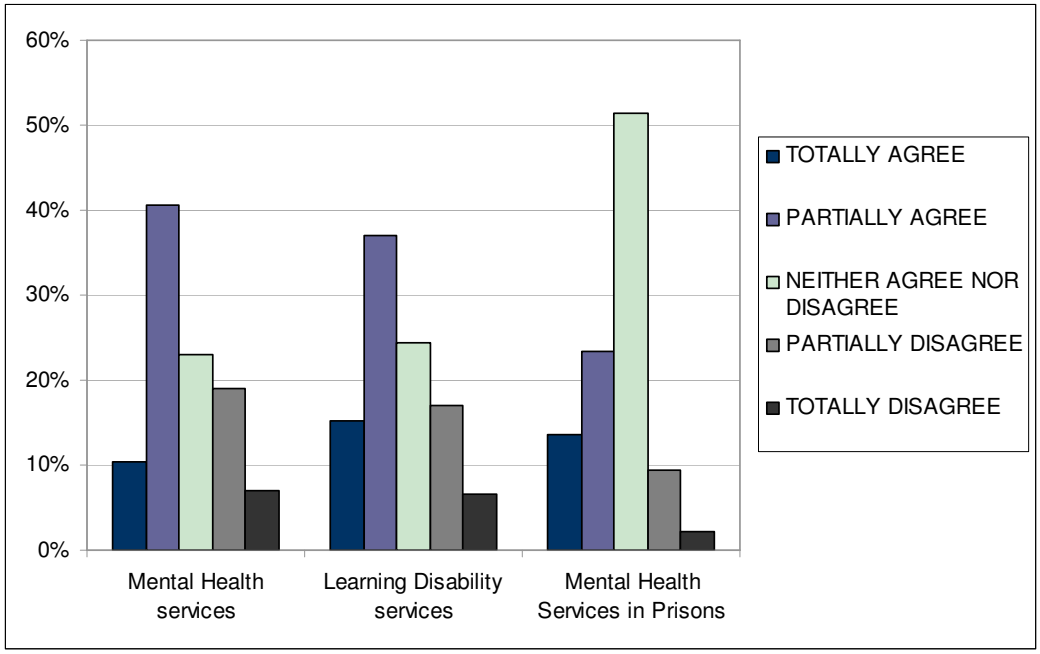
Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

Information and advice

2.9 Figure 4, below, indicates that there is a certain amount of confusion and varied experiences amongst respondents regarding accessing the respective services outlined in the graph. Approximately half of respondents totally agree or partially agree (51% and 52% respectively) that they find mental health services and learning disability services complicated and are unsure of where to seek advice from.

2.10 The majority of respondents (51%) neither agree nor disagree that mental health services, specifically in prisons, are complicated and difficult to obtain advice from. This may be due to respondents having little contact with prison services.

Figure 4: Do respondents agree that specific services are complicated and not clear how to obtain information from?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

2.11 Nearly three quarters of all respondents (74%) totally or partially agree that they would like to develop a better relationship with local mental health and learning disability services.

2.12 The following quotes are a sample from qualitative responses from stakeholder groups working within Magistrates' and Crown Courts in London regarding dealing with people with mental health and learning disabilities:

- "The court has no budget to order its own report... Unless an offender is in prison the only option is to require the defence to obtain a psychiatric report, expecting them to obtain funding from the Community Legal Service." (Judge)
- "The situation is one of general improvement, but the split between health and social services, community and prison, community generic mental health services and forensic, inpatient and outpatient services does pose problems." (Legal Adviser)
- "Justice is regularly delayed by the inability of the defence solicitor or the court to get a psychiatric or psychological assessment/report in a reasonable time." (Judge)

- "In court, decisions in cases of mental or learning disability are dependant on the professionals and their knowledge of services available." (Magistrate)
- "At this court we have a huge asset in the shape of Clinical Nurse Specialist. He is an invaluable link with psychiatric services both in prison and outside. He is able to help the court save time by liaising directly with prisons… by pointing lawyers to the appropriate services in order to speed up the instruction of appropriate experts and facilitate the production of reports." (Judge)
- "Funding is certainly an issue that complicates the story." (Judge)

3. PSYCHIATRIC REPORTS

3.1 This section of the report outlines findings from the survey with regards to psychiatric reports. This includes the process of commissioning reports, the likelihood of delays in receiving reports and the quality of the final reports. The box below provides a headline summary of this section.

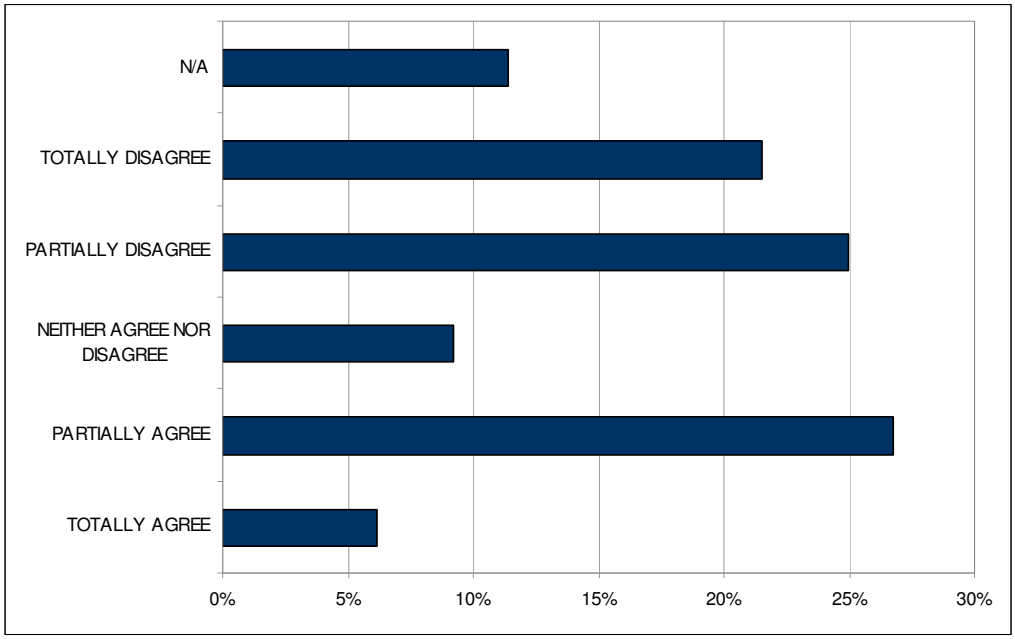
Psychiatric Reports

- Respondents are most likely to receive psychiatric reports within 6-10 weeks; a preferable timescale would be 4-6 weeks. 74% experience delays when trying to obtain pre-sentence psychiatric reports. The most likely cause stated for these delays are when psychiatrists or other mental health practitioners fail to complete reports to an agreed time.
- 64% of respondents totally or partially agree that they would like better contact with mental health services to improve the process of commissioning reports.
- The quality of psychiatric reports received by respondents varies but the majority of respondents believe that the contents of the reports significantly influence court decisions.

Commissioning

3.2 There is little consensus between respondents in agreeing or disagreeing on whether they can obtain an assessment from a psychiatrist on fitness to plead, or a pre-sentence psychiatric report within an acceptable time frame. Figure 5, below, displays the responses.

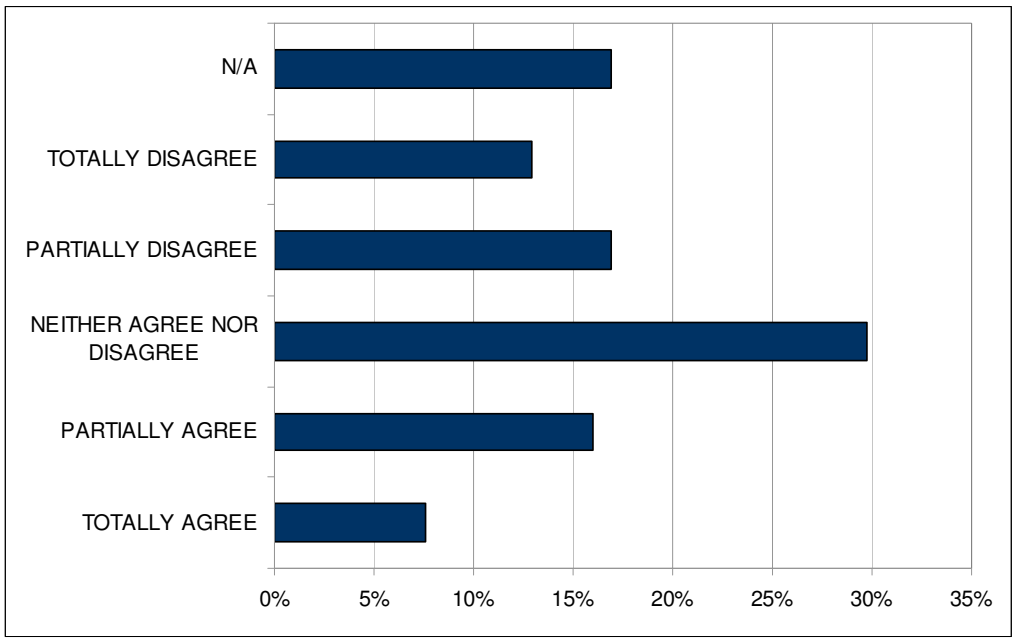
Figure 5: Do respondents agree that they can usually obtain an assessment from a psychiatrist on fitness to plead, or a pre-sentence psychiatric report within an acceptable time frame?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.3 Similarly, there is little consensus between respondents in agreeing or disagreeing on whether obtaining funding for psychiatric reports is straight forward with costs covered either by the Legal Services Commission or by Central Funds when ordered by the court. Figure 6, below, displays the responses.

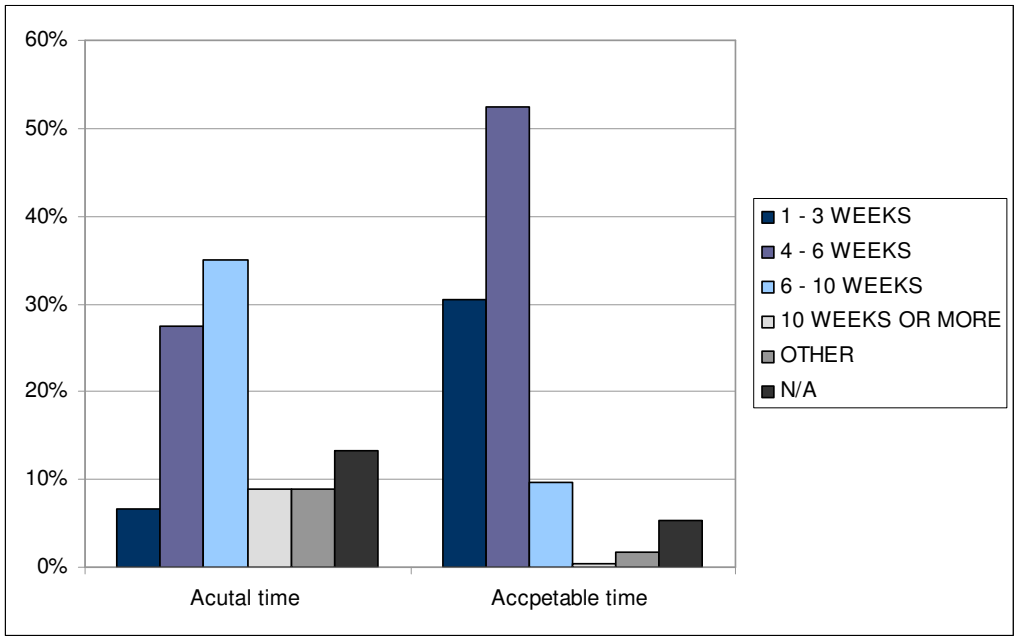
Figure 6: Do respondents agree that funding for psychiatric reports is straight forward with costs covered either by the Legal Services Commission or by Central Funds when ordered by the court?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.4 Figure 7, below, indicates that the actual time that respondents are likely to receive psychiatric reports is most likely to be 6-10 weeks where as ideally respondents would like to receive the reports more quickly. Most respondents would like to receive these reports earlier with an acceptable time most likely to be 4-6 weeks; 52% of respondents stated that they would find this timescale acceptable.

Figure 7: How long does it take for respondents to receive commissioned psychiatric reports and what timescale would they ideally find acceptable?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

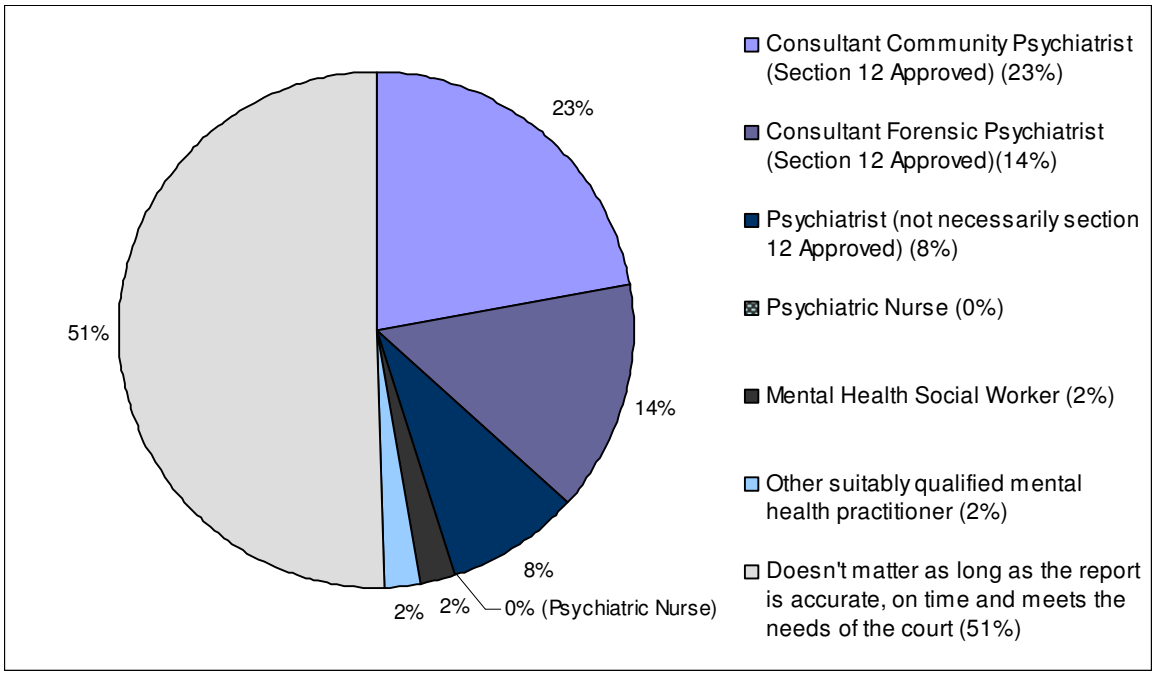
3.5 The following provides a summary of quotes regarding the actual and preferable time it takes to receive a report:

- "It varies considerably. Sometimes they are available within 4 - 6 weeks. Other times they could be 10 or more weeks. Especially if the defendant is unrepresented." (Magistrate)
- "These are always difficult to obtain due to confusion about instruction and who pays the psychiatrist - a lot of the hold up seems to be with the psychiatrist, rather than the ordering of the report, who will not undertake the report until funding is secure." (Legal Adviser)
- "In my experience people are not sure who should be making an approach and who funds any report. This usually causes an initial delay." (Legal Adviser)
- "They blame legal aid but I sometimes wonder if defence do not sit on cases of this sort for too long and lose their sense of urgency, with little management and chivvying along by the court." (Senior Crown Prosecutor)
- "Need to be realistic given other demands on these bodies." (Magistrate)
- "Realistically 3 - 4 weeks. Need to be fair to the defendant to allow time for sufficient assessment." (Magistrate)
- "Justice is delayed if any longer" (Judge)

- "It's unacceptable that offenders remain in custody, often for relatively minor offences, whilst the case is adjourned repeatedly for reports." (Magistrate)

3.6 Figure 8, below, indicates who the respondents believe are the most desirable professionals to prepare a psychiatric report. The majority of respondents believe that it does not matter as long as the report is accurate, on time and meets the needs of the court.

Figure 8: Who is the most desirable professional to prepare a psychiatric report?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.7 The majority of respondents agree that they would like better contact with services. 64% of respondents totally or partially agree that they would like better contact with mental health services to improve the process of commissioning reports. 66% of respondents totally or partially agree that they would like better contact with learning disability services to improve identification of people with learning disabilities and the process of commissioning reports.

3.8 The following summary provides additional comments regarding any aspect of commissioning psychiatric reports:

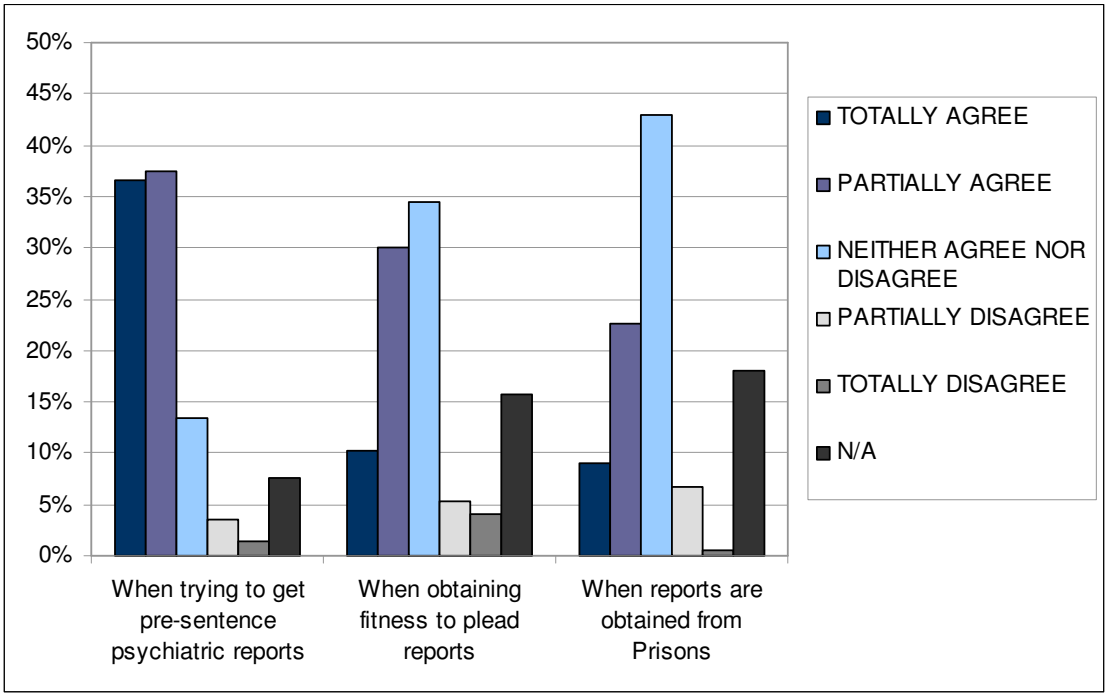
- "I agree that much more needs to be done to improve liaison and understanding between courts and the services involved and feel that this could be done through existing court structures such as the Probation Liaison and Bench Training and Development Committees" (Magistrate)

- "The report needs to be prepared by someone who is suitably qualified; it needs to be accurate, on time and must meet the needs of both the defendant and the court." (Magistrate)
- "If an initial report by a Social Worker or Psychiatric Nurse was obtained and it showed possible serious mental health/learning disability problems, there should immediately be an upgrading of the level of report to be provided. In serious cases it may well be that a Forensic Psychiatrist would be best." (Magistrate)

Delays

3.9 Figure 9, below, indicates that delays are most likely to occur when trying to obtain pre-sentence psychiatric reports; 74% of people surveyed either totally or partially agree that this is the case. 40% of respondents totally or partially agree that delays occur when obtaining fitness to plead reports and 35% neither agree nor disagree, indicating that this is not an issue for some respondents. The greatest proportion of respondents (43%) neither agree nor disagree that delays occur when reports are obtained from prisons, indicating that this may not be an issue for some respondents and also due to lack of correspondence between the court and the prison.

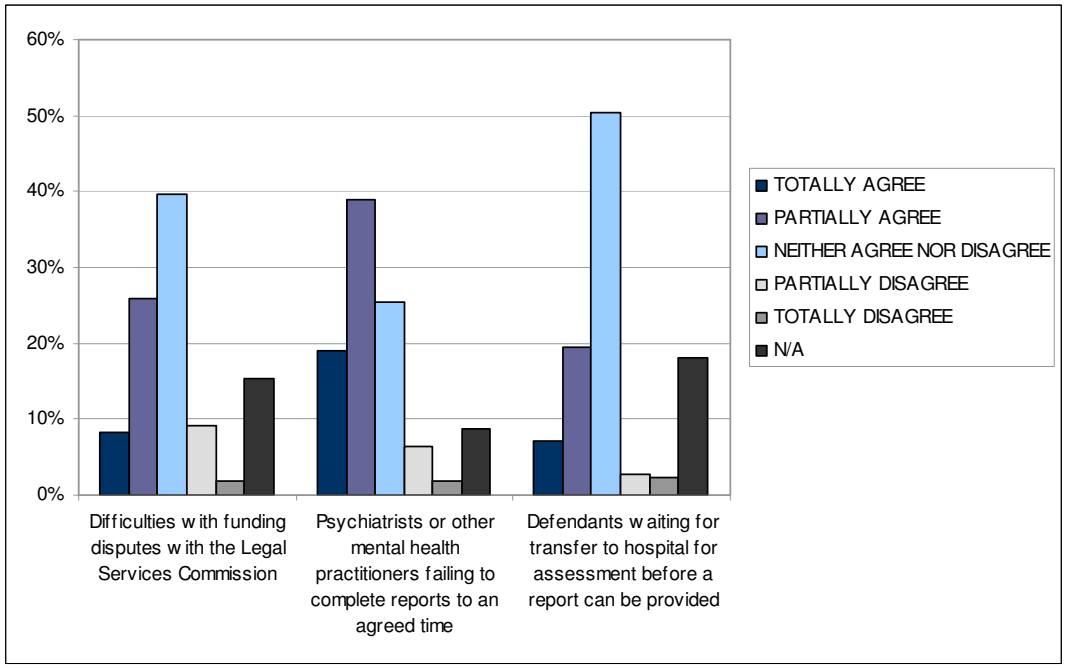
Figure 9: When do respondents think that delays are most likely to occur?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.10 Figure 10, below, indicates what respondents agree are the main causes for the delay in receiving psychiatric reports. The cause that resonates with the most number of respondents is when psychiatrist or other mental health practitioners fail to complete reports to an agreed time; 58% of respondents totally or partially agree that this is cause for delay.

Figure 10: What do respondents think the causes for delay are?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.11 The following summary provides additional comments regarding delays in obtaining psychiatric reports:

- "I am afraid to say that delays in obtaining reports are endemic across the board. They occur both at the fitness to plead stage and at the pre sentence stage. They occur in custody and in bail cases. They occur in cases where there is no intention to transfer to hospital as well as in cases where such an intention exists. They occur because of LSC problems and because of delays by practitioners. I expect they also occur because of delays in the provision of notes to those preparing the reports." (Judge)
- "I have rarely had a fitness to plead query. In part I suspect this is because many defence lawyers do not have the background in mental health conditions." (Magistrate)
- "We do experience real uncertainty about timing when defence lawyers request psychiatric reports. Funding seems to be the first issue; then finding a psychiatrist who will write a report in time is often a problem." (Magistrate)

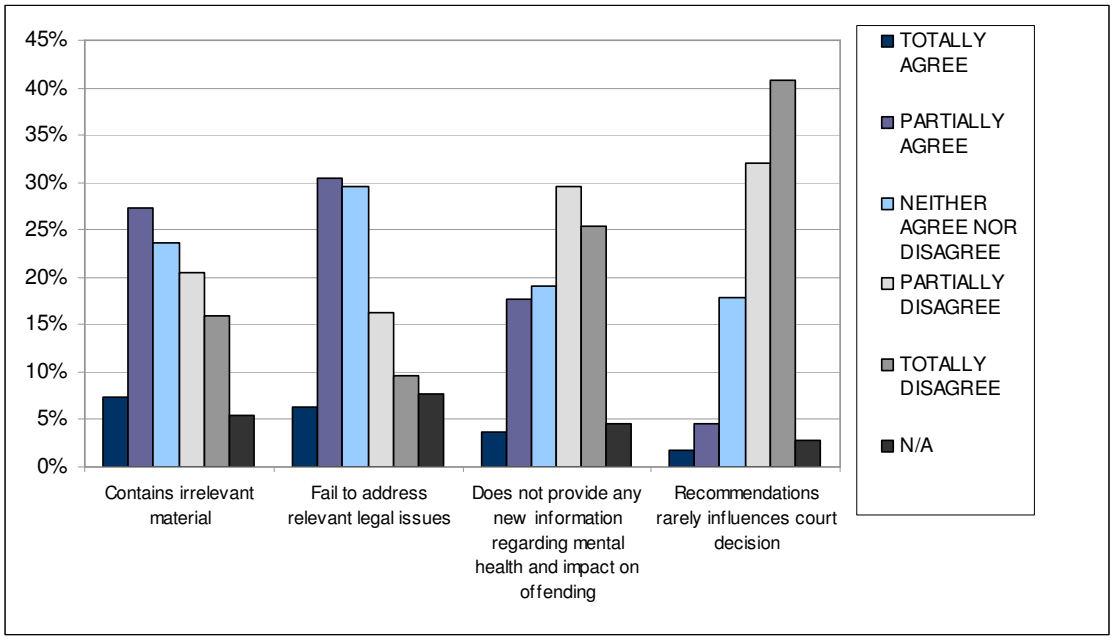
- "The request for a psychiatric report, which is made all too often, is usually the 'kiss of death' to the expeditious completion of the case." (Deputy Justices' Clerk)
- "We have an in-court psychiatric team which can make a preliminary report (operates on certain days of the week so I believe the longest wait would be four days, on other days the defendant could in principle be seen immediately)." (Magistrate)

Quality

3.12 Figure 11, below, outlines the main issues regarding the quality of the contents of psychiatric reports. Very few respondents totally agree with the issues raised; the reason for this may be a variable quality of reports encountered by each individual respondent or the description of the issue outlined in the survey is too unequivocal.

- Respondents rarely believe that reports contain irrelevant material. 60% of respondents neither agree nor disagree, or partially or totally disagree that reports contain irrelevant material.
- Respondents rarely tend to believe that reports fail to address the relevant legal issues such as fitness to plead, dangerousness and sentencing options; only 37% of respondents totally or partially agree.
- Respondents rarely believe that reports fail to provide any new information regarding mental health and impact on offending; over half (55%) of respondents totally or partially disagree with this statement.
- Finally, the majority of respondents disagree that recommendations from psychiatric reports rarely influence court decisions. Nearly three quarters (73%) of respondents totally or partially disagree.

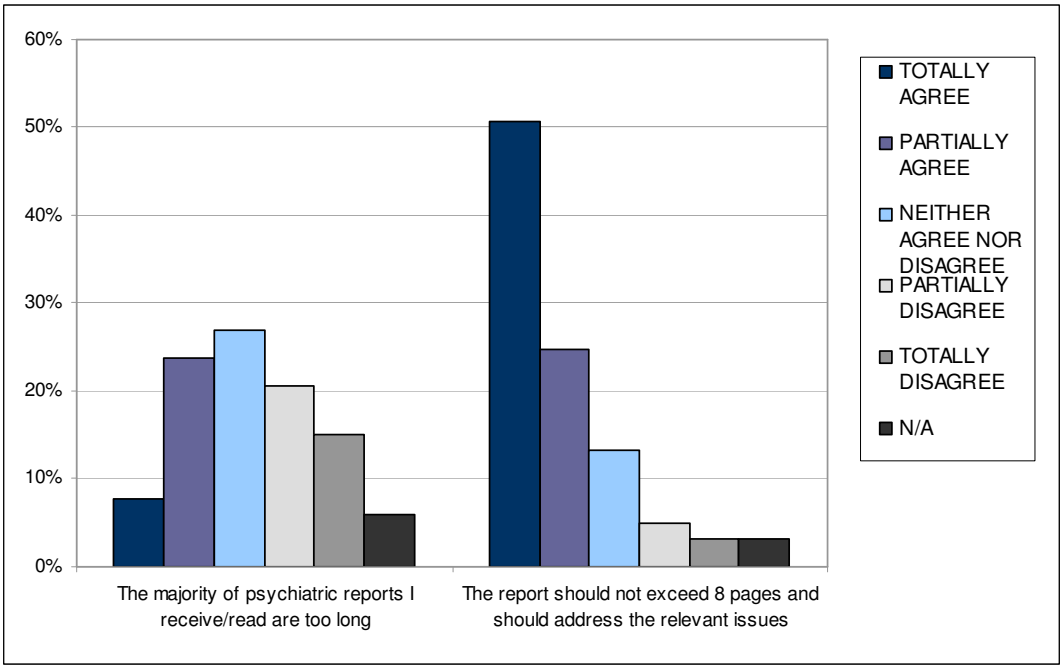
Figure 11: What do respondents think are the negative aspects of psychiatric reports?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.13 Figure 12, below, outlines findings form the survey regarding the length of psychiatric reports. There is little consensus around whether respondents agree or disagree that psychiatric reports are too long. However the majority (75%) believe that a psychiatric report should be no longer than 8 pages and should address the relevant issues including fitness, insanity, dangerousness or a mental health disposal.

Figure 12: What do respondents about the length of psychiatric reports?



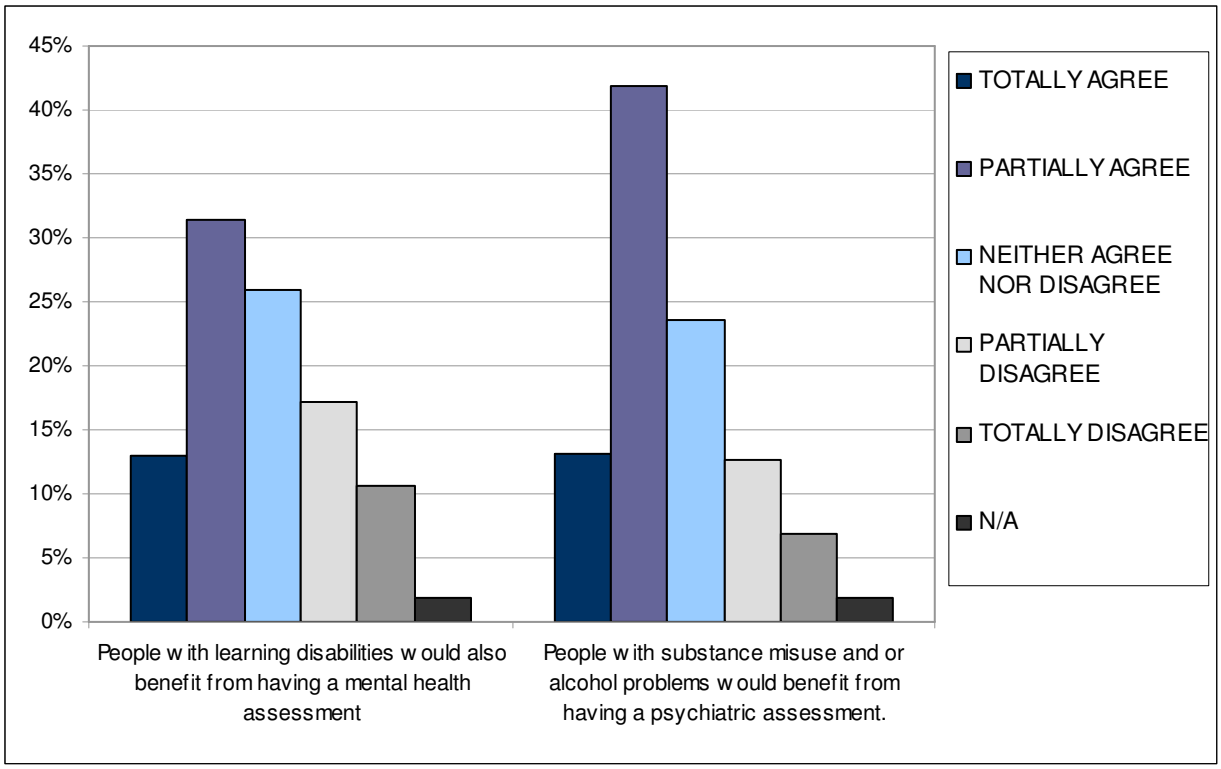
Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.14 The following summary of quotes relates to the ideal length of psychiatric reports:

- "Plainly the report should address the issues relevant to the trial process. In my experience the reports generally do." (Judge)
- "Do mental health practitioners know what the court uses reports for? It may not be their fault but the reports often appear to be aimed at an audience other than those who will actually use it. Better briefing may help?" (Magistrate)
- "A guideline on length would be helpful but should not be a straitjacket if the report author feels that there is more of direct relevance to the decision before the court." (Magistrate)
- "For most cases, I would suggest 10 pages or less are sufficient." (Judge)
- "8 pages is too long!!" (Magistrate)

3.15 Figure 13, below, outlines who respondents believe would benefit from a mental health or psychiatric assessment. The majority of respondents (55%) totally or partially agree that those people with substance misuse or alcohol problems would benefit from having a psychiatric assessment. Only 43% of respondents totally or partially agree that people with learning disabilities would also benefit from having mental health assessment, the majority neither agree or disagree with this statement.

Figure 13: What do respondents about who would benefit from assessments?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

3.16 The following summary of quotes relates to who would benefit from a mental health or psychiatric assessment:

- "It can depend on the individual's disability and the offence involved." (Magistrate)
- "People with a learning disability should be assessed for their capacity to understand proceedings, what assistance they should receive, any impact on mitigation and sentencing options. But I would not confuse that with mental health issues - it's wrong to bracket the two together." (Magistrate)
- "Learning disabilities and mental health problems are completely separate and it is insulting for them to be assumed to be the same." (Court Clerk)
- "Would assist the professional CJS parties to consider how reliable the person will be." (Senior Crown Prosecutor)
- "The two often go together." (Magistrate)

3.17 The following provides a summary of quotes related to the overall quality of commissioned psychiatric reports:

- "I think guidelines on what should be covered in psychiatric reports would be useful for those required to complete such reports. This would cut out unwanted details." (Magistrate)
- "The issue of mental health assessments with substance misuse is complicated but needs addressing. Substance misuse assessors within the probation ambit are qualified to assess low level mental health problems but more florid presentations or access to specialised treatment represents a very complicated assessment which should be done by a psychiatrist within either the CMHT or the substance misuse teams." (Senior Probation Officer)
- "Reports should focus on degree of responsibility for the subject's own actions, their potential danger to the public and to themselves, their ability to function independently in society with or without supervision and what can be done to assist them. They should also make specific recommendations for treatment and sentence." (Magistrate)
- "Often they are cobbled together from NHS patient's notes and have little original thinking and then we are presented with a large bill (c£450-£500), too high for the Magistrates' Court." (Legal Adviser)

4. IMPROVING AND DEVELOPING MENTAL HEALTH SERVICES IN COURTS

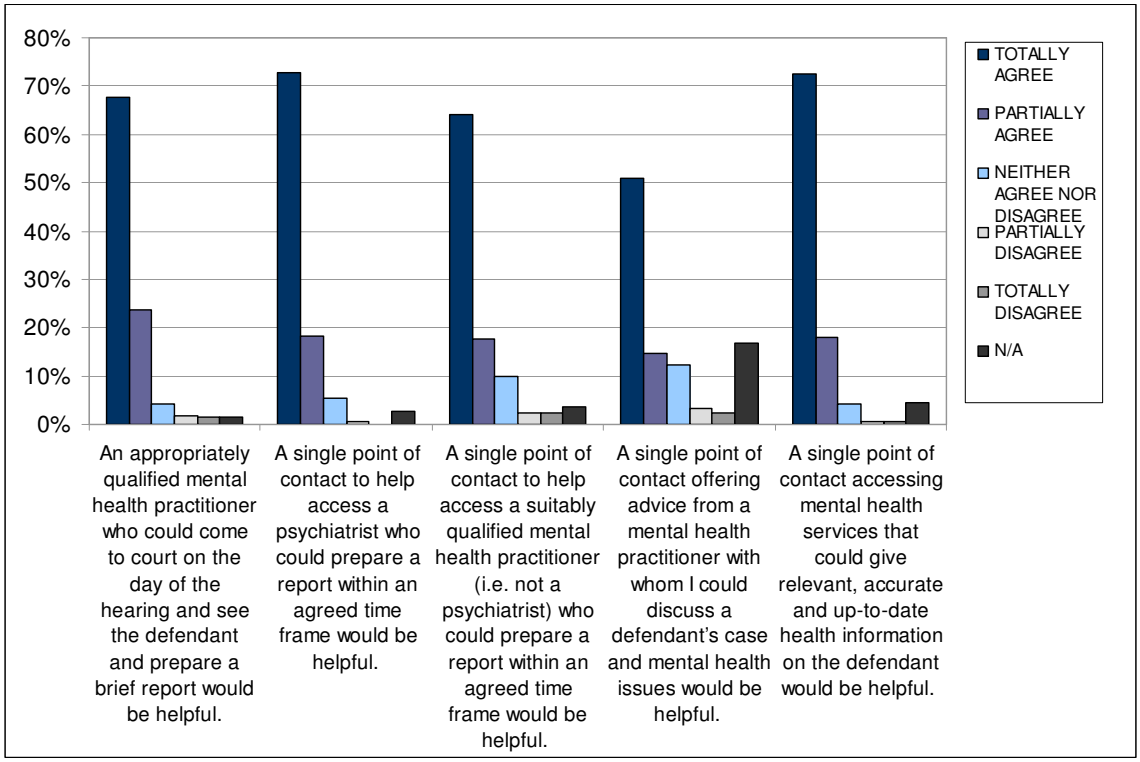
4.1 This section focuses on what respondents believe would improve and develop mental health services in court. The box below provides a headline summary of this section.

Improving and Developing Mental Health Services in Courts

- Respondents agree that additional resource is important; the most popular option would be the provision of a single point of contact accessing mental health services that could give relevant, accurate and up-to-date health information on the defendant.
- Caution was highlighted by some respondents and a single point of contact would need to be highly qualified, respectful of confidentiality and governed by strict protocols.

4.2 Figure 14, below, indicates that any additional resource in the form of a practitioner or psychiatrist would be welcome; for every option outlined in the graph at least 65% of respondents totally or partially agreed that this would be helpful. The most popular option would be the provision of a single point of contact accessing mental health services that could give relevant, accurate and up-to-date health information on the defendant.

Figure 14: What improvements to mental health services in courts do respondents agree with?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

4.3 The following provides a summary of quotes regarding improving and developing mental health services at courts:

- "The single point of contact would be most helpful - as long as the single point of contact had the power to resolve problems and order reports." (Judge)
- "At this court we have a forensic mental health screening service; we also have the court diversion scheme. These services should be a minimum at each court house." (Legal Adviser)
- "All that matters to the court is that the assessment is quickly and professionally conducted and the information promptly provided in a form that is helpful towards the decision making process." (Magistrate)
- "Any method of getting information needed so that the person can be dealt with as quickly as possible should be available." (Magistrate)
- "Caution is required when accessing information from a single point of contact - who will access the information and how qualified will they be to act on it. Mental health issues need

time and patience and an understanding of the medical history and social situation. I would prefer a written report from someone who had personally interviewed the defendant." (Magistrate)

- "A single point of contact can be very dangerous. A mental health patient can be more dangerous than he/she makes out. A mental health doctor used to treating defendants would know more about defendants and know when they are 'playing up', and when they need help." (Court Clerk)

Part 3 of the Mental Health Act

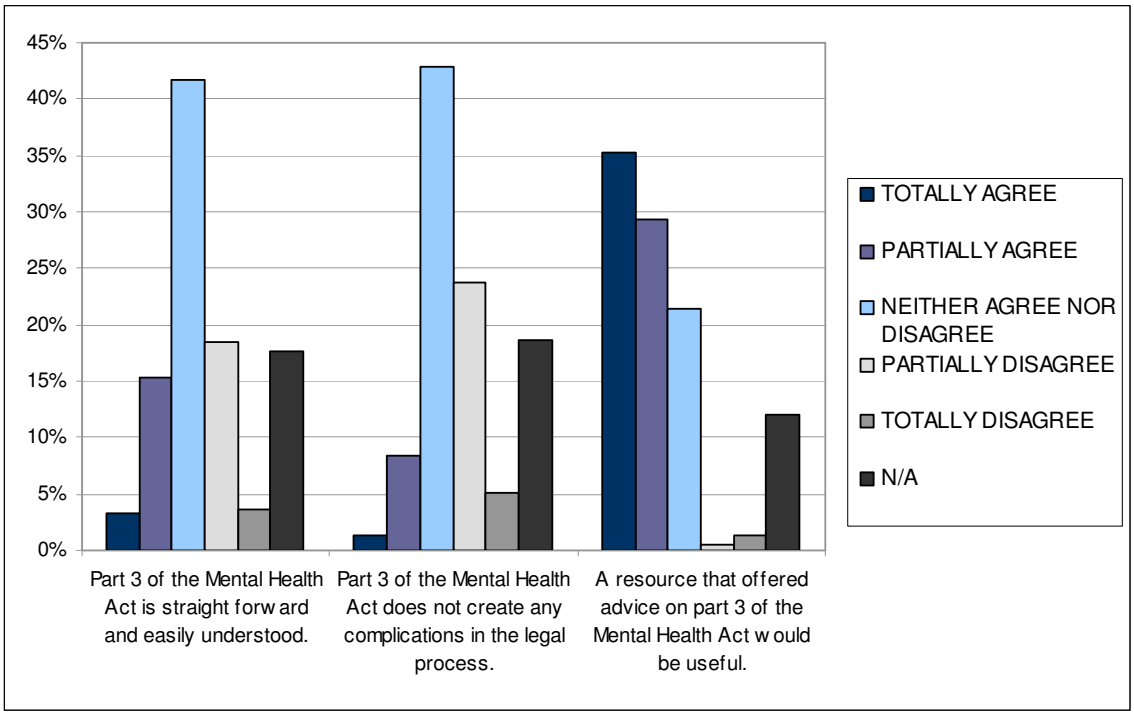
4.4 This section explores the survey respondents' familiarity with part 3 of the Mental Health Act. The box below provides a headline summary of this section.

Part 3 of the Mental Health Act

- There is little consensus amongst respondents on whether Part 3 of the Mental Health Act is straightforward and easily understood or if it creates complications in the legal process.
- This lack of consensus may indicate unfamiliarity with part 3 of the Act. 65% of respondents totally or partially agree that a resource that offered advice on part 3 of the Mental Health Act would be useful.

4.5 Figure 15, below, indicates that the majority (42%) of respondents neither agree nor disagree that Part 3 of the Mental Health Act is straightforward and easily understood. Similarly, the majority (43%) neither agree nor disagree that part 3 of the act does not create any complications in the legal process. This lack of consensus may indicate unfamiliarity with part 3 of the Act. 65% of respondents totally or partially agree that a resource that offered advice on part 3 of the Mental Health Act would be useful.

Figure 15: What are respondents' views on part 3 of the mental health act?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

4.6 The following provides a sample of quotes relating to part 3 of the mental health act:

- "Probation officers are not mental health professionals, neither are court clerks, but we are all expected to grapple with the implications of this act to advise sentencers." (Senior Probation Officer)
- "Although part 3 is in fact easily understandable there still remains a degree of confusion by prosecution and defence in relation to actus reus hearings and the courts disposal options for these." (Judge)
- "I can't claim any familiarity with this part at all, unless it includes section 37." (Magistrate)
- "I understand it well enough, and the court has access to people who understand it better than I do, which is all that's necessary." (Magistrate)
- "Not too complicated, but could be easier, more user-friendly, especially around the use of Guardianship." (Legal Adviser)

Training

4.7 This section provides an insight into respondents' views of the provision of training regarding defendants with mental health disorders, learning disabilities and learning difficulties in the Criminal Justice System. The box below provides a headline summary of this section.

Training

- The majority of respondents agree that training on mental illness/disorder or learning disability/difficulty with respect to managing defendants through the Criminal Justice System would be helpful.
- All legal professions were cited by respondents as benefiting from training. Magistrates were cited most often.

4.8 88% of respondents totally or partially agree that training on mental illness/disorder with respect to managing defendants through the Criminal Justice System would be helpful. 86% of respondents totally or partially agree that training on learning disability/learning difficulty with respect to managing defendants through the Criminal Justice System would be helpful. 75% of correspondents totally or partially agree that training on learning disability/learning difficulty should be mandatory for all professionals working in the Criminal Justice System.

- Figure 16, below, provides a word cloud highlighting the main professionals that respondents believe should be priorities for such training. The size of the words indicates the frequency that the profession was stated amongst all respondents. Although the majority of this survey was carried out by magistrates, interrogation of the responses to this question has revealed that there is not necessarily a correlation between the profession of the respondent and the profession that they believe would most benefit from training.

Figure 16: Which professional groups should be priorities for training?

Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

4.9 The list below summarises suggestions made of subject material that could be covered in mental health/learning disability training:

- Definitions of the most prevalent types of conditions and associated diagnoses and treatment in CJS;
- How to recognise behaviour;
- Difference between learning disabilities and mental illness;
- Fitness to plead;
- Diminished responsibility;
- Part 3 of the Mental Health Act;
- Impact on criminal responsibility;
- Reports (how to write, interpret and the importance of time);
- Awareness of relevant agencies including community based resources;
- Sentencing guidance; and
- Relationship with the Human Rights Act.

4.10 The following provides a list of sample quotes of qualitative responses to training possibilities:

- "Training via DVD's or Downloads rather than expensive venues." (Magistrate)

- "I would suggest liaison with the Mental Health Review Tribunal administration who have a good training programme… For learning disability, no doubt a lecturing psychologist would be useful." (Judge)
- "Mental health professionals, including consultants, to be actively involved in training so that we can also explain what we find helpful/unhelpful/difficult etc." (Magistrate)
- "Case studies are always useful." (Magistrate)

5. SIGNPOSTING VULNERABLE DEFENDANTS

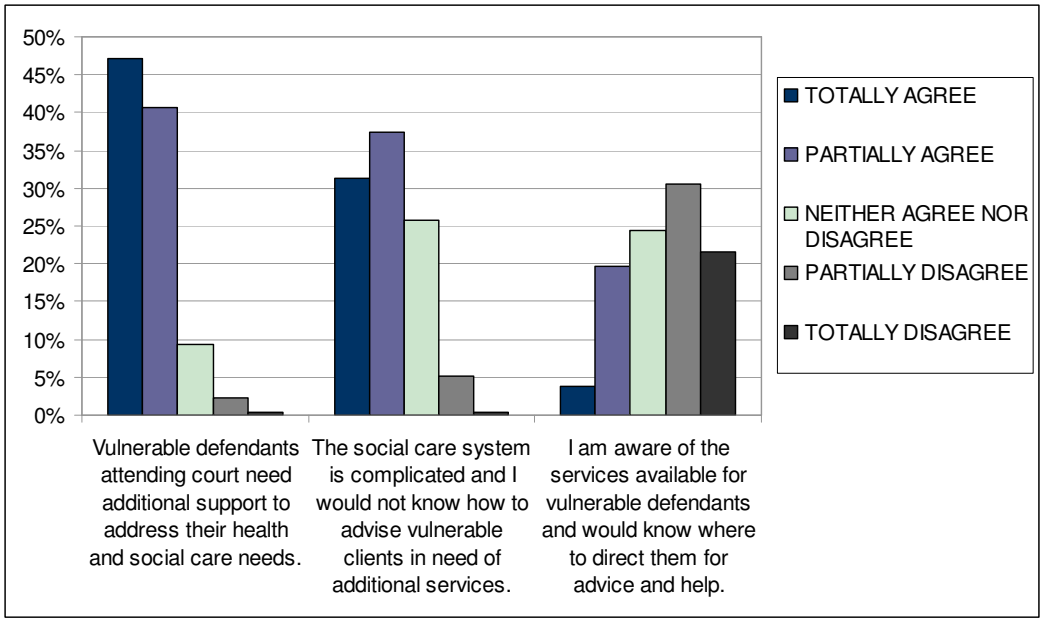
5.1 This section refers to respondents' capabilities in signposting vulnerable defendants to relevant services. The box below provides a headline summary of this section.

Signposting Vulnerable Defendants

- The majority of respondents agree that vulnerable defendants attending court need additional support to address their health and social care needs. However, knowledge of how to advise vulnerable clients and where to direct them is not widespread.
- The most likely issues that vulnerable defendants regularly raise are accommodation problems, money and benefits and difficulty in understanding CJS processes.

5.2 Figure 17, below, suggests that the majority of respondents (88%) totally or partially agree that vulnerable defendants attending court need additional support to address their health and social care needs. 69% of respondents totally or partially agree that they would not know how to advise vulnerable clients in need of additional services. Over half (52%) of respondents partially or totally disagree that they are aware of services available and would know where to direct vulnerable defendants.

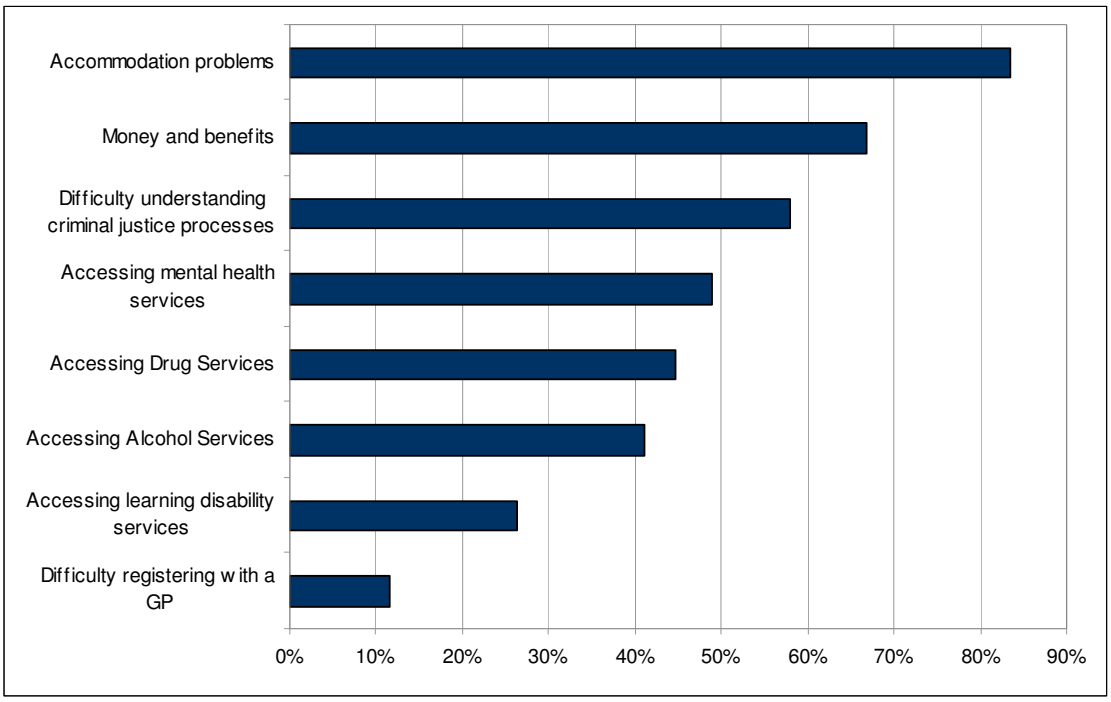
Figure 17: How confident are respondents in signposting defendants to the correct services?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

5.3 Figure 18, below, indicates the most likely issues that defendants regularly raise during the course of their contact with them.

Figure 18: What are the most likely issues to be raised by defendants?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

5.4 The following list provides additional suggestions for issues that defendants may regularly raise with respondents:

- Accessing legal aid;
- English not being defendants' first language;
- Childcare;
- Relationships; and
- Conditions of bail.

5.5 The following provides a sample of quotes relating to signposting vulnerable defendants:

- "Many defendants are quite skilled at hiding vulnerabilities and at finding ways round deficits such as illiteracy or innumeracy." (Magistrate)

- "Not all defence lawyers know how/are able to handle/communicate with defendants with mental health issues. This hampers the court, as they have difficulty obtaining clear instructions." (Magistrate)
- "Who is the gatekeeper? We should be clear who, in the process, is meant to be the person who first flags that defendant may have (is known to have) a mental health or disability issues." (Magistrate)
- "Early identification on the needs of these defendants is key and it seems this is where we fall down and do not communicate with each other agency to agency and court to court." (Court Manager)
- "It isn't the court's role to advise on the social care system but a single point of contact would be useful." (Deputy Justices' Clerk)
- "More input from CPS needed. Far too much emphasis placed on speed in the Criminal Justice system. More emphasis should be placed on getting it right and if the same offenders keep coming back, analyse why this is so and address why this happens." (Legal Adviser)

6. INFORMATION SHARING

6.1 This section explores the prevalence of the sharing of information about the mental health of defendants. The box below provides a headline summary of the section.

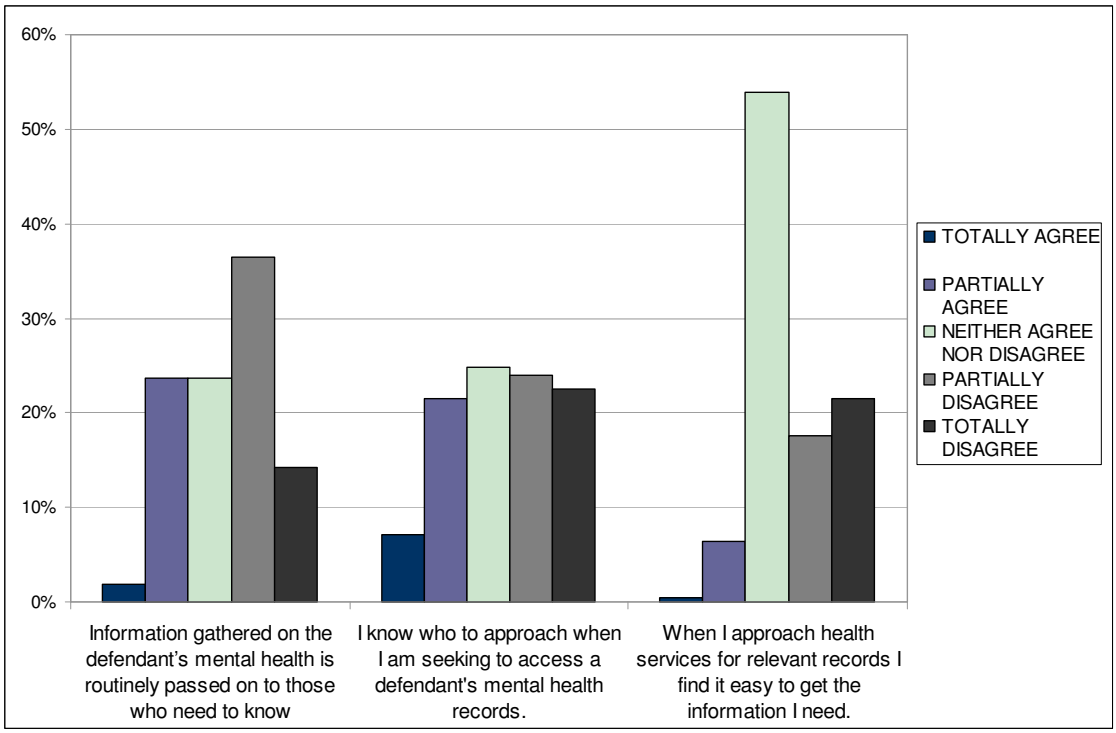
Information Sharing

- There appears to be little consistency amongst respondents with regards to routinely obtaining information from the defendant's health records if they knew or suspected that they had a mental health order. This is complimented by a lack of awareness on who to approach when seeking information on mental health records.
- Public protection is the most common reason for considering the risks of sharing information about a defendant. Another common issue raised regarded data protection and confidentiality. Some respondents questioned if it was their responsibility to share information at all.
- Staff responsible for transporting offenders to prison or hospital are rarely given information prior to transporting an offender who has been identified as having a mental health issue or a learning difficulty/learning disability.

6.2 Only 45% of respondents totally or partially agree that they would routinely try and get information from the defendant's health records if they knew or suspected that they had a mental illness/disorder.

6.3 Figure 19, below, explores respondents' views on information sharing; the graph reveals a level of uncertainty. 51% of respondents totally or partially disagree that information is gathered on defendants' mental health and routinely passed to those that need to know. There is little consensus amongst respondents on who to approach when seeking further information on mental health records. The majority of respondents neither agree nor disagree on whether, when approaching health services for information, it is easy to get the relevant information.

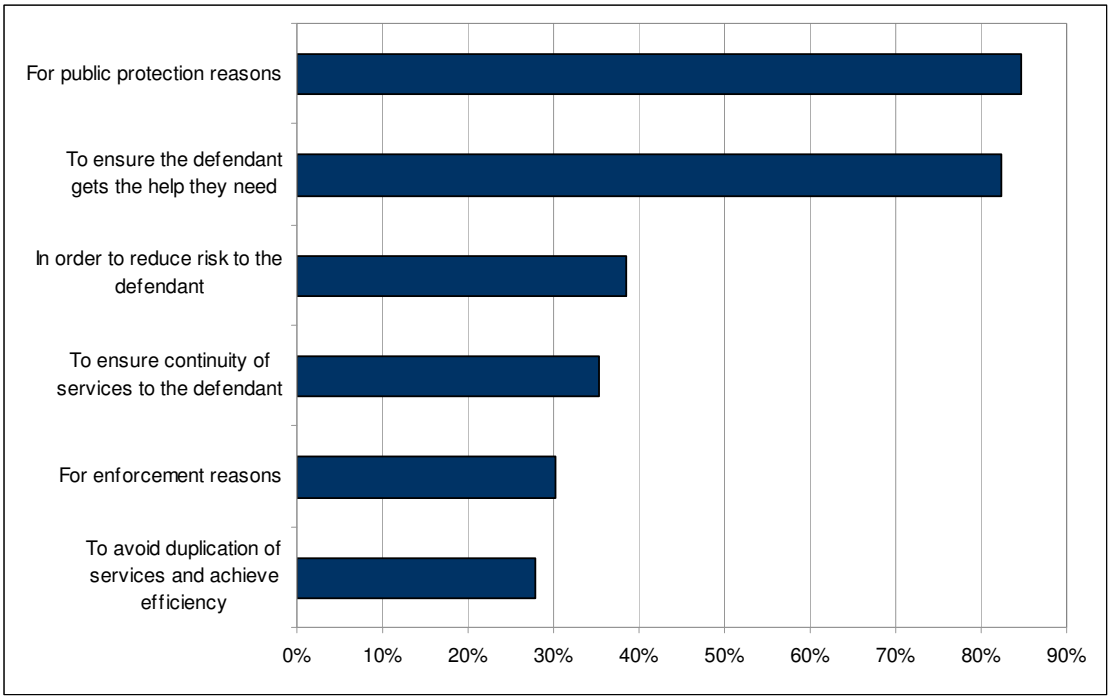
Figure 19: Do respondents agree on whether information sharing is an easy process?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

6.4 Figure 20, below, indicates the main issues respondents think about when considering sharing defendant information. Public protection is the most common reason for considering the risks of sharing information about a defendant. In the qualitative response to his question many respondents mentioned that information sharing was not a responsibility of a magistrate or justice of the peace. Another issue raised focused on data protection.

Figure 20: What are the main issues that respondents think about when considering sharing information?

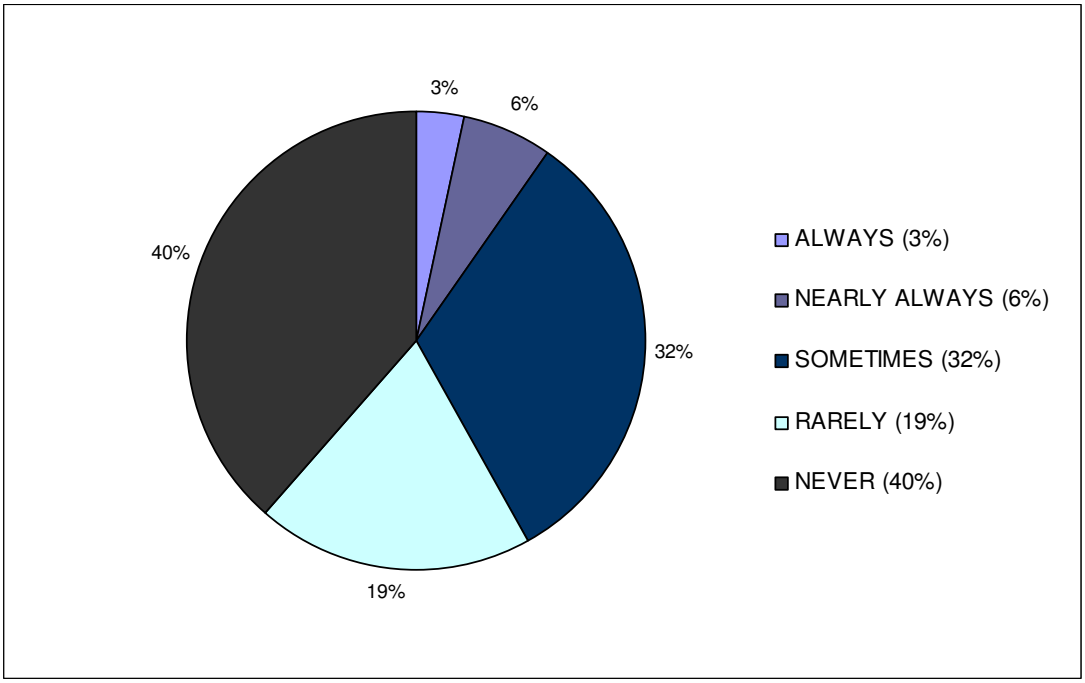


Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

6.5 The final questions of the survey were asked to individuals with specific professional roles.

6.6 Figure 21, below, asks staff responsible for transporting offenders with mental health problems to prison or hospital if they are routinely given information prior to transporting an offender who has been identified as having a mental health issue. Out of 31 respondents the majority of respondents mentioned that this was rarely or never the case.

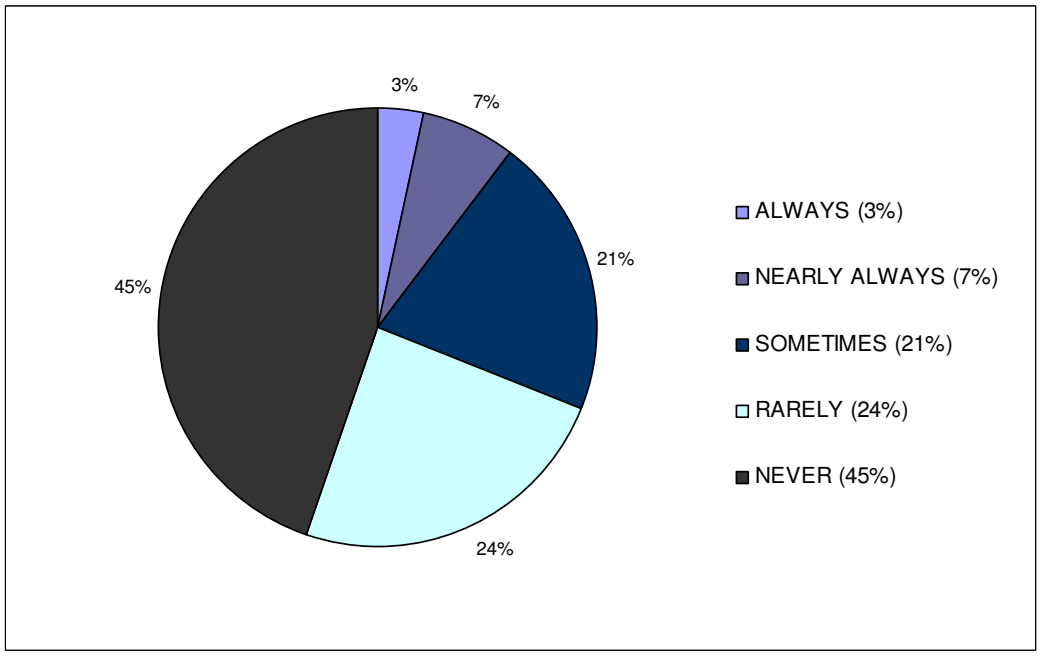
Figure 21: Staff responsible for transporting offenders: Are you routinely given information prior to transporting an offender who has been identified as having a mental health problem?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

6.7 Figure 22, below, asks staff responsible for transporting offenders with learning disability/learning difficulty to prison or hospital if they are routinely given information prior to transporting an offender who has been identified as having a learning disability/learning difficulty. Out of 29 respondents the majority mentioned that this was rarely or never the case.

Figure 22: Staff responsible for transporting offenders: Are you routinely given information prior to transporting an offender who has been identified as having a learning difficulty/learning disability?



Source: London Criminal Justice Liaison and Diversion Mapping Survey (1A), 2009

7. FINAL COMMENTS

7.1 The sample of quotes below provides final views that respondents may not have mentioned earlier in the survey:

- "The one change to current procedures that I'd like to see - is to red flag any defendants with mental health issues - so it's immediately clear to the bench and their case can be dealt with appropriately." (Magistrate)
- "Local mental health services have a reasonably good relationship with the court but I have never seen nor met anybody from 'learning disability services'." (Magistrate)
- "Without doubt, more needs to be done especially in the area of defendants with a learning disability." (Magistrate)
- "Magistrates do need more training in how to deal with defendants who have mental health issues and learning difficulties. Once we have that we shall need the relevant information about each defendant. However, we always stress that magistrates are not social workers (or mental health workers). Therefore, there needs to be clear guidelines about how we use the information to make our decisions appropriately, so that we do reduce offending and do not cause more harm either to the defendant or to members of the public affected by his/her behaviour." (Magistrate)
- "There are simply not the resources or the skills at the front line of the benefits system to enable the vulnerable to be identified/supported. The focus is cost reduction/administrative efficiency. "(Magistrate)
- "Our mental health project works wonderfully well, thanks no doubt to the quality of the persons involved, particularly the psychiatric nurse in-house. It saves hours, days and weeks of court time in its ability to make things work in this field and to keep everybody informed. Communication between prison, hospital, doctors, and prosecution and defence is marvellous and makes all the difference to court and case efficiency." (Judge)

APPENDIX C

DRUG INTERVENTION PROGRAMMES

Background to DIP

1.1 In 2003 DIP set out to use the criminal justice system as a means to enable offenders to address their drug misuse, at the same time as ensuring they were closely managed and connected to other services in order to reduce drug-related offending. DIP plays a key role in tackling drugs and reducing crime. Introduced in 2003, it aims to get adult drug-misusing offenders who misuse specified Class A drugs (heroin and cocaine/crack cocaine) out of crime and into treatment and other support.

1.2 The programme has proved a clear success. Over 4,500 drug misusing offenders enter treatment through DIP each month and eight out of every ten persons are being retained in treatment for 12 weeks or more. Since DIP began, recorded acquisitive crime – to which drug related crime makes a significant contribution – has fallen by around 32%.

1.3 To provide the DIP programme the Home Office funds each Drug and Alcohol Action Team (DAAT) area a sum of money via a new funding formula introduced for the first time for 2010/11 allocations. This formula uses a set of core costs based upon caseloads together with a set of allowances which reflect the DAAT area, for example whether it has a prison in the area; whether drug testing (and thereby legislative requirements for assessment) are in place etc., drawing upon the information illustrated in Figures 1 and 2, below.

1.4 The DIP Main Grant should only be used for Criminal Justice Integrated Teams (CJITs) to manage those service users with a specified Class A drug misuse (heroin and/or crack/cocaine) in the following circumstances:

- those service users who have entered the Criminal Justice System at any point from arrest to sentence (if sentenced to a community order it would be the responsibility of the Probation Service or if sentenced to a custodial sentence would be the responsibility of the Prison Service); or
- those service users released from prisons serving a sentence under 12 months (those 12 months or over are released on licence and therefore the Probation Service has a statutory responsibility for case management of those individuals); or

- those service users following the completion of a community sentence or completion of their licence (no longer to Probation Statutory supervision) and who still need the intensive case management of DIP.

1.5 However, this does not exclude CJITs being commissioned to deliver other services from other funding streams where commissioners consider this provides optimum outcomes and best value for money – for example, provision of Tier 3 services, or services for service users who are subject to a community order with a Drug Rehabilitation.

1.6 In London, funding for DIP in 2010/11 will be shared amongst the 33 London boroughs. 22 of these boroughs, including City, have drug testing at the point of arrest for offenders who have been arrested for a series of trigger offences, mainly acquisitive crime, as listed below and shown in the map attached to this document. The remaining 11 boroughs do not have drug testing in place. There are no plans for the Home Office to provide further funding to allow these boroughs to acquire drug testing and therefore legislative requirements for assessment of drug using offenders. However, it will support any DAAT which wishes to implement drug testing upon arrest using partnership funding.

Trigger offences applicable to drug testing from 15 January 2007

- Offences under the following provisions of the Theft Act 1968:

- Section 1 (theft)
- Section 8 (robbery)
- Section 9 (burglary)
- Section 10 (aggravated burglary)
- Section 12 (taking motor vehicle or other conveyance without authority)
- Section 12A (aggravated vehicle-taking)
- Section 22 (handling stolen goods)
- Section 25 (going equipped for stealing, etc.)

- Offences under the following provisions of the Misuse of Drugs Act 1971, if committed in respect of a specified Class A drug:

- Section 4 (restriction on production and supply of controlled drugs)
- Section 5(2) (possession of controlled drug)
- Section 5(3) (possession of controlled drug with intent to supply)

- Offences under the following provisions of the Fraud Act 2006:

- Section 1 (fraud)
- Section 6 (possession etc. of articles for use in frauds)
- Section 7 (making or supplying articles for use in frauds)

- An offence under section 1(1) of the Criminal Attempts Act 1981, if committed in respect of an offence under any of the following provisions of the Theft Act 1968:

- Section 1 (theft)
- Section 8 (robbery)
- Section 9 (burglary)
- Section 22 (handling stolen goods)

- Offences under the following provisions of the Vagrancy Act 1824 :

- Section 3 (begging)
- Section 4 (persistent begging)

1.7 Many of the offenders who benefit from DIP are among the hardest-to-reach and most problematic drug misusers, and are offenders who have not previously engaged with treatment in any meaningful way. The key benefit of DIP is that it focuses on the needs of these offenders by providing new ways of cross-partnership working, as well as linking pre-existing ones, across the criminal justice system, healthcare and drugs treatment services and a range of other supporting and rehabilitative services. Delivery at a local level is through partnerships using integrated teams (CJITs) with a case-management approach to offer treatment and support to offenders from the point of arrest through to beyond sentencing and re-settlement into the community.

How DIP is Delivered in the Community

1.8 DIP in the community is delivered via CJITs. Funding is provided by the Home Office through the DIP Main Grant for CJITs to take on to their caseload service users whose offending behaviour is caused by the misuse of the specified Class A drugs of heroin and cocaine/crack cocaine. CJITs are responsible for the provision of the services outlined below in line with the *NTA Models of Care for Treatment of Adults Drug Misusers Update (2006)* and *Welsh Assembly Government Treatment Frameworks*, and deliver enhanced Tier 2 interventions by offering the service user ongoing support through case management arrangements in order to facilitate engagement in structured drug treatment. This includes:

- drug related advice, information and harm reduction interventions;
- triage assessment (including where appropriate through the Required Assessment provisions of the Drugs Act 2005 following a positive drug test), and referral i.e. for comprehensive assessment and structured drug treatment where appropriate;
- drawing up an initial care plan with the service user following a triage assessment;
- addressing offending behaviour by ensuring appropriate services are offered;
- access to prescribing services;
- provision of Tier 2 interventions (including brief psychosocial interventions e.g. motivational interventions) for those accessing or who have left treatment;
- considering the provision of a 24/7 phone line or out of hours arrangements particularly targeted at those vulnerable new and existing clients leaving custodial establishments and/or treatment;
- a single point of contact for referrals from professionals including criminal justice agencies, CARAT teams and treatment agencies;
- a case management approach using key working and care planning to ensure continuity of care;
- access to structured treatment through local care pathways commissioned by the local partnership;
- implementing a programme of assertive outreach when service users miss appointments;
- partnership work with Probation (Offender Managers) and Prison Healthcare teams/CARAT teams;
- partnership with other relevant service providers to broker access to wraparound services such as housing, employment, rebuilding family relationships, peer support, education, life skills (e.g. finance management) etc; and
- to address the service user's broader range of needs on and after release from custody, at the end of a community sentence and following treatment.

Drug Workers in Custody Suites

1.9 CJIT workers are members of a multi-disciplinary team providing support, advice, brief and structured interventions to individuals with substance misuse problems within the criminal justice system. They are expected to assess the needs of substance users and effectively

plan and implement a range of high quality interventions to support and motivate service users to reduce harm to individuals, families and communities by reducing health related harm and drug/alcohol related offending.

1.10 The CJIT workers based in the custody suite provide interventions to individuals who misuse specified Class A drugs (heroin and cocaine/crack). Where there are testing regimes within the custody suite (shown in Figure 1, below) the team need to be responsive to the legislative requirements of Required Assessments. Where not, teams must be proactive in assessing needs of those arrested for whom Class A drug misuse is an issue and respond accordingly. In any event, irrespective of whether testing is carried out in the custody suite or not, all CJIT workers based in Custody suites should be actively seeking out potential service users based on intelligence from the police, paraphernalia found in the possession of the detainee or their own specialist knowledge of the individual and approach them to offer an assessment.

1.11 The team works closely with partnership agencies to provide comprehensive provision to service users in line with DIP with due regard to local and national policy. The workers are expected to undertake brief and comprehensive assessments and interventions with individuals within the criminal justice system, including those required to undergo a required assessment as well as providing specialist advice, information and promote the use of harm reduction strategies with this service user group. They must support and enable individuals within the criminal justice system in accessing other appropriate services including treatment, ensuring risk assessments are appropriately carried out, implemented and addressed within the service users care package.

1.12 They must liaise effectively with professionals and others to facilitate an integrated delivery of services to individuals and promote, enhance, establish and maintain effective channels of communication with colleagues and other agencies. They must always act in a responsible manner with service users and others, using appropriate language which acknowledges cultural differences and maintain accurate and timely written clinical and legal records. Excellent engagement skills are required to ensure that the provision and receiving of highly complex, sensitive information is accurate and timely and its usage is appropriate for both service users and other agencies, within information sharing policy and protocols.

Figure 1: Custody Suites with Drug Testing Requirements

DAT	Region	Number of Custody Suites	Custody Suites
Brent	London	2	Wembley
			Kilburn
Camden	London	3	Albany Street
			Holborn
			Kentish Town
City of London	London	2	Bishopsgate
			Snow Hill
Croydon	London	2	Croydon
			South Norwood
Ealing	London	2	Acton
			Southall
Enfield	London	2	Edmonton
			Enfield
Greenwich	London	3	Greenwich
			Plumstead
			Woolwich
Hackney	London	3	Hackney
			Stoke Newington
			Shoreditch
Hammersmith & Fulham	London	3	Hammersmith
			Fulham
			Shepherds Bush
Haringey	London	3	Tottenham
			Hornsey
			Wood Green
Hounslow	London	2	Hounslow
			Chiswick
Islington	London	1	Islington
Kensington & Chelsea	London	3	Chelsea
			Kensington
			Notting Hill
Lambeth	London	3	Brixton
			Kennington
			Streatham
Lewisham	London	1	Lewisham
Newham	London	2	Forest Gate
			Plaistow
Redbridge	London	2	Barkingside
			Ilford
Southwark	London	3	Peckham
			Southwark
			Walworth
Tower Hamlets	London	2	Bethnal Green
			Limehouse
Waltham Forest	London	2	Walthamstow
			Chingford
Wandsworth	London	3	Battersea
			Tooting
			Wandsworth
Westminster	London	5	Belgravia
			Charing Cross
			Marylebone
			Padddington
			West End Central

Drug Workers in Court

1.13 CJIT workers in court are members of the same multi-disciplinary team commissioned by the partnership and have similar responsibilities to those articulated above. However, within the context of a court environment, the purpose of drug workers in court is to provide support, advice and brief interventions to service users with substance misuse problems who are in court and who have not been able to take advantage of such services in the police custody suite. CJIT workers in court can also identify an individual who misuses specified Class A drugs, if the opportunity to identify the individual has been missed whilst in the police custody suite. Figure 2 illustrates the Magistrates Courts with drug testing requirements.

1.14 CJIT workers in court also liaise with court officials to track the onward movements of service users from court – in particular, where a service user is sentenced or remanded into prison custody. This is so that effective continuity-of care arrangements with the CARATs service can then be put in place. They also have an important role in liaising with the Probation Service to advise on eligibility and suitability of offenders for a Drug Rehabilitation Requirement as part of a community supervision sentence of the Court.

Figure 2: Magistrates Courts with Drug Testing Requirements

Region	DAT	Courts	Number of Courts
London	Brent	Brent	1
London	Camden	Highbury Corner	1
London	City of London	City of London	1
London	Croydon	Croydon	1
London	Ealing	Ealing	1
London	Enfield	Enfield	1
London	Greenwich	Woolwich	1
London	Hackney	Thames	1
London	Hammersmith and Fulham	West London	1
London	Haringey	Tottenham	2
		Highgate	
London	Hounslow	Feltham	1
London	Islington	Highbury Corner	1
London	Kensington and Chelsea	West London	1
London	Lambeth	Camberwell Green	1
London	Lewisham	Greenwich	1
London	Newham	Stratford	1
London	Redbridge	Redbridge	1
London	Southwark	Tower Bridge	1
London	Tower Hamlets	Thames	1
London	Waltham Forest	Waltham Forest	1
London	Wandsworth	South Western	1
London	Westminster	City of Westminster	1

CJITs and Prisons

1.15 Pick-ups from prison (where requested by a service user) are a vital element in maintaining the service user's continuity-of-care. Where a service user is in a prison either located within their CJIT of residence or within reasonable geographic distance of their CJIT of residence, then the guidance document *Drug Misusing Offenders: Ensuring the continuity-of-care between community and prison* sets out the requirements that the CJIT should follow to enable the pick-up. From April 2010, the DIP Main Grant will provide an allowance for CJITs who have a prison or prisons within their territory to support the pick-up at the prison gate of service users whose CJIT of residence is not within reasonable geographic distance of the prison. In this circumstance, the service user's CJIT should liaise with the relevant CJIT that has the prison within their territory to co-ordinate the pick-up. CJITs with prisons within their territory will be resourced to enable a worker to meet at the prison gate a service user who has requested a pick-up, and transport the service user to a public transport facility for on-ward travel to the service user's CJIT of residence. Commissioners may also wish to explore with the voluntary sector the provision of a prison pick-up service.

Key:
Non-Intensive DIPs - △
Intensive DIPs - ▲
London Diamond - ◇
Vigilance Boroughs – ✚

Prison Boroughs – P

Greenwich – Belmarsh
Hammersmith&Fulham – WWS
Islington – Pentonville/Holloway
Lambeth – Brixton
Wandsworth – Wandsworth
Richmond – Latchmere House
Hounslow – Feltham

Corporate Information & Analysis Team
January 2007